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TRANSACTIONS

OF THE

THIRTY-SEVENTH SESSION

OF THE

Homoeopathic Medical Society

OF THE

STATE OF PENNSYLVANIA.

HELD AT PITTSBURG, SEPTEMBER 24, 25 and 26, 1901.

LANCASTER, PA.:
THE EXAMINER PRINTING HOUSE,
1902.

UNIVERSITY OF MICHIGAN

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1901.

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- do. E. M. GRAMM, M. D., . . Philadelphia.
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- do. C. C. RINEHART, M. D., . . Pittsburg.
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President, ... R. P. MERCER, M. D., ... Chester.
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	do.	Z. T. Miller, M. D.,	Pittsburg.
	do.	E. M. Gramm, M. D.,	Philadelphia.

To the Homœopathic Medical Society of the State of Penna.:

Your Committee on Publication herewith presents the Proceedings and Papers of the Thirty-seventh Session of the Society.

The Committee desires to call the attention of the members to two matters of vital importance. Firstly, the necessity to have all papers type-written in order to save time in the type setting; and, secondly, the necessity of having all papers complete at the time they are read. Every year nearly one-half of the papers are not turned over to the Committee after they are read, but are kept by their authors until, after more or less correspondence, they finally reach it. This causes much delay while the Transactions are in process of publication.

Edward M. Gramm, M. D.
Ella D. Goff, M. D.,
George B. Moreland, M. D.

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TRANSACTIONS

OF THE

Thirty-Seventh Session

OF THE

Homœopathic Medical Society

OF THE

STATE OF PENNSYLVANIA.

Held at the Homœopathic Hospital, Pittsburg, September 24, 25 and 26, 1901.

The President, Horace B. Ware, M. D., called the meeting to order on the morning of September 24, 1901.

The Invocation of Divine Providence was asked by the Rev. Dr. McEwan.

DR. J. H. MCCLELLAND:

It becomes my very agreeable duty as representing the Committee on Entertainment, appointed by the County Society, to present to you the Recorder of our city, Major A. M. Brown.

In case some of you may not quite understand the title which is borne by our distinguished citizen since our reorganization, I am glad to explain that the Recorder is the Chief Executive of this great city, and there are many of us who entertain the hope that he will continue to be the Chief Executive of this great city until it becomes what we expect and hope, "The Greater Pittsburg."

ADDRESS OF WELCOME.

MAJOR A. M. BROWN, Recorder of the City of Pittsburg.

Ladies and Gentlemen:—It is a great pleasure to me, as the Chief Executive of the great City of Pittsburg, to extend to you all a heartfelt and cordial welcome. We are pleased to have associations like yours, associations formed for high and noble purposes, in art and science, and in all other lines of industry and business, to meet in Pittsburg. A great many have been accustomed to do that, and we have had the honor of meeting as many as two or three associations within one week early in the Summer.

We have great admiration for our city. You, who are not acquainted with it, who are comparative strangers here, or who have not had a full opportunity to investigate Pittsburg as a whole might spend a week or more diligently and very carefully, learning something every day which would be interesting, profitable and educating.

We have not reached out by an extension of our boundaries to take in the immense multitudes that are within the corporate limits of the City of Pittsburg. The businesses, or the manufacturing establishments and their owners, or the stockholders in the companies, are all citizens of Pittsburg —the outgrowth and the accumulation of industries that are so prominent in this great city. We are not the largest city on the continent in population, but we can match the largest and the best in business enterprise and in progress of every sort in commerce, not only with our own country, but with the wide world. As Executive of the City I have had occasion in complying with foreign laws, to certify goods to Asia, and to other nations in that far distant land. I know something of the great manufacturing establishments of Pittsburg, whose commerce is very largely with the wide world, with Europe and with Asia; a great commerce of all sorts, even breadstuffs that are produced upon the farms outside of Pittsburg, of course. But the great manufacturing interests of this city which produce novel, wonderful things, things whose discovery for various purposes, or application to practical use, have, within four or five years, only been utilized for the first time in the history

of manufacturing. Our prosperity seems to be only in its beginning. It has been greatest within the last three or four years. It is growing every year, widening and extending, and, notwithstanding, I was going to say, trifling disturbances, perhaps unworthy disturbances, we have had uniform prosperity. The workmen in this city are being paid greater wages than ever received in the world before. There is prosperity not only for the laborer but for the merchant, the manufacturer and the man engaged in commerce all over the world. The widest prosperity at present is encouraging for the future. It is enormous.

Now, in addition to that, you come to this City of Pittsburg, and you enter by a railway that runs through the older and less beautiful portions of the city, through the business centres, some of them perhaps rough looking, and yet we have magnificent buildings here to-day for manufacturing, for offices and for merchandizing, and all the uses to which great buildings are applied; some of the finest in the city are being erected, while others are already erected; these buildings, it is said, will be equal to the finest in the world. One, it is claimed, will be finer than any other business building in existence to-day, and these office-buildings are for the accommodation of those in various lines of useful employment, professional, mechanical and otherwise. But when you come into the smoky portion of the city it has a forbidding appearance, and this weather has been rather unfortunate in the evenings. Yet we have beautiful weather. The smoke does not seem to be unhealthy. I have lived here a life-time and have enjoyed most excellent health. I was not born in the city of Pittsburg, but came here when a boy, at least on the verge of manhood, living here ever since, active, working all the time, busy as a laboring man—although my life has been a professional one, not in your line, but one equally as honorable if not as useful as yours—a necessity that always existed and will until we reach a time when everyone will "do unto his neighbor as he would have his neighbor do unto him." I hope it will come soon. Nevertheless, it is a healthy city. We have uniform good health here. The smoke does not seem to have hurt anybody, except in peculiar cases; in fact, some of our old people say it is good for rheumatism, the common com-

plaint. I can't say that myself as I have never had it. The sulphur in the smoke is very innocent and very effective. I know it is.

We have fine parks; to a certain extent there are none finer. We have Highland and Schenley parks, and smaller ones; they are very beautiful and they are large. They are perhaps more beautiful than most parks which you would find in the United States, because of the outgrowth of the grand, fine views, uneven surfaces, delightful avenues, broad and wide; they are worth visiting on a nice day at least. In addition to the parks, we have fine institutions for the education of the people, a museum, a library, a music hall and art hall (if in proper condition, I really don't know); it is very interesting. I speak of the Carnegie institution, which is soon to be added to by another large building, greatly larger, making one of the finest institutions of the kind, including a school for the education of the young people (free for all) in the arts and sciences, manufacturing and kindred matters.

In addition to that we have a residential area very wide and very broad, back from the old built-up city where you are now, because this is the older part of the city. We have magnificent areas for residential purposes that I know, from my own knowledge, are not excelled on this continent. We are constructing boulevards, some almost completed; beautiful districts where, for natural scenery, for views, for good atmosphere and healthy location, they cannot be surpassed anywhere on this continent. Although I may be a little prejudiced, as late as last Summer, and other times, I made visits to some of the larger cities on this continent, and I did not find such beautiful scenery nor as beautiful an outlook or as beautiful places for the residents as in Pittsburg. These residential sections are not all for the rich. They are for those of moderate means as well as the wealthiest of our citizens. The time was long ago when a man acquired wealth here and would have to go East—to Philadelphia or New York—to spend his days in a pleasant city and nice atmosphere. That exists no longer. People are coming here, and all over the country, as far as twenty miles out, are beautiful residential districts, where any man can enjoy the finest scenery, magnificent atmosphere, and all

that tends to make people and homes happy. You will find plenty of people, comparatively poor, the laboring men in our manufacturing establishments, who have their nice homes in the outlying districts travelled by street-cars; they have their nice little cottages that would have been considered very nice residences in my youthful days; nice cottages that surprise people who come from the old world to see how the American workmen, beginning life or pursuing their industrial ways, can live in a place like this.

Now, my friends, I do not want to tire you, but I simply want to say again that we are glad to have you here. I trust you will enjoy it. You are in the hands of gentlemen composing the committee whom I know are just the men to endeavor with all their hearts to make your visit and your sojourn here for your official work as pleasant as it is possible to make it. Therefore, I close by wishing you the best of a happy time.

The President, Horace B. Ware, M. D., then read the following

ADDRESS.

Fellow Members of the Homœopathic Medical Society of the State of Pennsylvania and our Guests:

We celebrate this year the thirty-fifth anniversary of the organization of this body, and it seems fitting here to ask ourselves the question: Are we satisfied with the past, and are we to follow straight in the path of those who have gone before us? They have done a great work, far greater than we can realize, for it is impossible for us to put ourselves in their places and experience their sad failures and their great victories, for this society has not reached its great eminence and strength without its fights and conquests, its hopes and disappointments, but victory has always seemed to come in the end when they all worked unitedly. But, are we satisfied to let it go at that, and be content with what has been accomplished, or shall we originate and endeavor to do something new each year which will be of benefit and strengthen the interest in our society. And here let me say that I hope our critical members will not repeat too often, if the effort is not a great success, the old saying, "I told you so." Or, say, as did the old man

one day, who, when his son came to him and told him that instead of taking the grain to mill as he formerly had been told to do, which was to balance the grain carried on one side of the ass with an equally heavy weight of stone on the other, came to his father full of the enthusiasm of a discoverer, and said: "Father, I have made a discovery. I have found that by dividing the grain equally on both sides of the ass he can carry twice the amount of grain to the mill, and I do not tire him with carrying a worthless stone." The father said: "My son, don't you ever come to me again with such talk, for if you do I will flog you within an inch of your life. When you think you know more than your forefathers it is time something was done, and don't you ever let me hear of you going to mill again unless the grain is balanced with stone, as all your ancestors have done before you." Now I do not mean to criticise the past masters of this society, far from it; but I hope they will be tolerant, and not too hard on the younger ones, for we must have our experiences also. If any one has a suggestion to make, and it seems a good one, let us try it. I do not think for some years past this society has been doing the amount of work it should. We do not get in enough members. It seems to me that when the meetings are held in Pittsburg, and Philadelphia especially, we should have a crowded house, but instead, when you want a large attendance you must come to Scranton. I suppose I should be careful how I mention the name of my adopted city in Pittsburg just now for fear of a Ripper Bill getting in its work here while I am away from home police protection; but politics work some rapid changes at times, as we have observed during the past year in our state and city governments, and then there is a question whether it was politic politics.

I believe in politics to a certain degree. Some talk has been made that there should be no politics in the State Society regarding the election of officers, but that names should be presented in meeting at the hour of election without any previous consultation, or even without questioning a person whether he would wish to act in any official capacity or not, and the one who secured the largest number of votes at said meeting would be declared elected to the office whether he wanted it or not.

The office of President should be more than a mere honorary position. It should be a working office, far more than it is now possible. The President and the Chairmen of the various Sections and Committees should be elected and appointed with regard to their fitness for the office and the work. And the President should always appoint and be on the most friendly terms with his own Chairmen so that he and they could work together in the preparation of an interesting meeting. I had occasion to write to a chairman of one of our very important committees not long ago, asking him a question. He had done absolutely nothing of the duties he accepted when he received the appointment to his office, and there was considerable work he should have done. And that same spirit of indifference prompted him to ignore my letter, and I received no reply from my communication. Such men are no good as officers of this society, and I wish just here to lay special emphasis on the importance of the President appointing his own working force. There would then be harmonious work, and I believe a better meeting would thus be prepared, and more work done outside of the annual meetings than is now possible, and I believe the very life of this society depends, in a great measure, on this change.

The Chairman of a Section I fear, sometimes feels that his entire duty is to merely preside when his section makes its annual report. He should work that section up during the year, and get all the papers he can, and not wait until two or three months previous to the annual meeting before he writes to those who are in his section for papers, or leave it entirely to the Corresponding Secretary. I think a late request brings forth the reply, generally, that it is too hot during the summer months to write papers, and it generally is so. I believe if we could instill more vim into our society we would not have to urge a man to join, but he would attend one of our meetings, catch the fever, and be one of the faithful. I cannot conceive how a physician of any ambition or love for his work can say, as I have heard some remark, "I have not time to attend medical meetings."

When these opportunities are presented to us and we do not take advantage of them we are not honest with our patients, and, of course, are much less so with our seeming

self-satisfied selves. I believe it is as important to attend medical meetings, and especially the State meetings (when possible), as it is to attend a medical college, which latter only really prepares one for his medical education which comes only after he is in active practice. You will hear men say they can't afford to attend these meetings. Business must be very imperative if they can afford to remain at home. Society meetings are the greatest educators to be had by the practitioner, for it matters not how much he knows he can always learn something from the experience of others; and it is not always the man who is on the floor oftenest, or speaks the longest, who says the most or who knows the most. A man may have more to enlighten the meeting than the long-winded speaker, and yet timidity restrains him. One who attends meetings regularly usually has not this affliction, but gives and takes. He will have his memory refreshed on subjects that he had laid away on his brain shelves and had almost forgotten, which are vividly called to mind, and often are very valuable. No practitioner must think he cannot write a paper or discuss one. I was talking to a physician not long ago who said he did not care to attend medical meetings, for when he got on the floor to say anything it seemed that everything he said was all confused, and he could not make his ideas clear. He has been a member of this society for over twenty years, and *pays his dues, too*, and yet has attended only one session. He enjoys a large practice in the city in which he lives and yet cannot make a speech. I told him he was too sensitive, and that if he attended medical meetings oftener he would find a cure for his malady *which would probably be beneficial to his patients as well.*

Another thing of great value this society should be to the busy practitioner is the report of *peculiar* cases which, it seems to me, is not made use of as sufficiently as it should be. The discussion of a certain case may bring out experiences which are invaluable to all. The same thing would follow if a certain remedy or mechanical appliance, not generally known or made use of, which has proven to be of special aid in certain cases, should be reported.

There has been considerable comment over the fact that the Transactions are so late in their issue that everything

was old by the time the books reached the members; also the notices of the annual meeting were so late in reaching the members. I must admit that there is something wrong somewhere, and I hope it may be corrected at this meeting.

Whether it is the fault of the publishing committee or the fault of the rule, I cannot say, but it does seem to me that the Corresponding Secretary should receive more aid and thus lessen his work, for there are not many here who would willingly assume his responsibilities as they are at present. I hope some action may be taken at this meeting that may aid him in issuing the Transactions within at least six months from date of the meeting, according to rule, and get out the annual notice on time also. We have had, during the past year, many things to be thankful for, and some to cloud our spirits. Among the brightest is the work done by the physicians of this State through the generalship and executive abilities, and, I may say, possibly political abilities of the Germantown Medical Club in obtaining money from the State for the foundation of a State Insane Asylum under the homœopathic rule. This has several times been attempted before, but failure has always crowned the efforts when the Governor began to use his axe, but this year, while he seemed to have his axe in hand and eye upon this bill, sufficient was saved from the wreck for us all to be thankful for. What it was that diverted the Governor's hand I cannot say; possibly it was the good looks of their venerable President (Hahnemannian Snader), or due to the flowery tongued orators of the older members, or, was the Governor just bought out? I cannot say. But sufficient to say, the Germantown Club has done a great work, and with the words of Schley to Sampson, "The glory of this victory is great enough for us all." Let us all be content with what we have and work to make the institution great, and do the work it is intended, and at the next appropriation time I hope the same good looking orators and healers will be on deck with their same mesmeric powers and "put the next Governor right," so that we may get a bigger bagful when *he* shakes the plum tree.

I hope hereafter, when there is any legislative work done, this society will take an active interest in it. In the ap-

pointment of the Legislative Committee I shall endeavor to make it as representative a body of the whole State as possible. I have asked each local medical society to elect one or two of their members whom I may appoint on that committee, and most of the societies have responded. I hope this rule may be continued, and in that way the society can keep in touch with every part of the State, and if any Legislative work is necessary there will then be, immediately, workers on the ground.

As to length of papers, I fear some of our members have not read carefully Article X, Section 1, in which it states, "No paper shall occupy more than fifteen minutes in the reading unless the time be extended by vote of the Society." There are some papers that seem only too short in the given time, and some subjects cannot be handled in that space of time, but this is exceptional. On the other hand, also, too much brevity is an equal fault, for perhaps we all have not had an equal experience with the subject as has the writer, and he may take too much for granted that we understand and can follow his argument. I believe if we time our papers before presenting them the trouble will easily be overcome.

The courtesy of one Section should always be cheerfully extended to another, and care should be observed in not crowding the time of the Section report following. Some very good papers have thus been crowded out through this forgetfulness for lack of time of the reading of the papers.

My address has dealt mostly with what I believe to be of greatest benefit to the life and strength of our State Medical Society—our representative medical Society—rather than dealing with what might be of more interest and possibly be more entertaining, for there is just at present a great field in medical and non-medical lore to catch one's pen, from the many medical delusions, Schlatterism, Dowieism, and, greatest of all fakes, Eddyism. Each subject enough in itself to furnish subject matter sufficient for a lengthy address; and then, too, that subject which is never overly written, and which is nearest and dearest to our hearts, and which the longer we practice it and see its wonderful results the more we are convinced that the only cure is true Hahnemannian Homœopathy. These subjects are all before me,

and yet I must desist; but the life of any system is in proper and effective organization, and I will not take up any more of your time in discussing the means, but hope this meeting will take such action that the strength and greatness of this society may be so increased that not one resident physician will have even a fair excuse for not becoming a member.

One word more. While overwhelming sadness is in our hearts over the great loss our Nation and *we, individually*, have suffered in the death of our beloved President, McKinley, we must not give ourselves up wholly to sadness and mourning, but emulate his fine character as far as possible and be men. Do our duty before God and man and not allow petty strife and cares to control us, and "with malice toward none, with charity for all, with a firmness in the right as God gives us to see right, let us strive to finish the work we are in and do all which we may achieve and cherish a just and lasting peace among ourselves and with all."

The Treasurer, Ella D. Goff, M. D., made the following report:

Balance cash on hand at last report, . .	$1,205.60
Received during the term, ...	1,060.00
Total, ...	$2,265.60
Expended per legal orders, ...	1,503.71
Balance cash on hand, ...	$ 761.89

The President appointed as an Auditing Committee Drs. T. H. Carmichael, D. P. Maddux and W. J. Martin, who examined the Treasurer's books and vouchers and reported them correct.

The Corresponding Secretary, Dr. E. M. Gramm, reported that the work of the office had been performed as required during the interim of the meetings. He presented the following program for the meeting, which was, on motion, adopted:

ORDER OF BUSINESS.

TUESDAY, SEPTEMBER 24, 1901.

Morning Session, 9:30 to 1 o'clock.

1. Call to Order.
2. Invocation, Rev. Dr. McEwan.
3. Address of Welcome, Hon. A. M. Brown, Recorder of Pittsburg.
4. Response, Horace B. Ware, M. D., President.
5. Roll Call. Correction of List of Members.
6. Report of Treasurer. Appointment of Auditing Committee.
7. Report of Corresponding Secretary. Adoption of Program.
8. Report of Trustees.
9. Report of Committees.
   a. Organization, Registration and Statistics, George B. Moreland, M. D., Chairman.
   b. Legislation, L. H. Willard, M. D., Chairman.
   c. Publication, Edward M. Gramm, M. D., Chairman.
10. Report of Delegates to American Institute of Homœopathy.
11. Report of Delegates to the Delaware State Society.
12. Report of Delegates to the Inter-State Committee of the American Institute of Homœopathy.
13. Report of Delegates to the Maryland State Society.
14. Report of Delegates to the Massachusetts State Society.
15. Report of Delegates to the New Jersey State Society.
16. Report of Delegates to the New York State Society.
17. Report of Delegates to the Ohio State Society.
18. Report of Delegates to the Southern Institute of Homœopathy.
19. Report of Delegates to the West Virginia State Society.
20. Report of Delegates from State Societies and Local Organizations.
21. Report of Necrologist, Thomas L. Bradford, M. D.
22. Report of Auditing Committee.
23. By direction of the Board of Trustees, the following amendments to the By-laws were offered:

Strike out Section 4 of Article VIII.

Amend Article V, Section 1, by adding after the word "succession" the following: "On assuming office, it shall be his duty to appoint a Chairman for each of the Sections designated in Article VIII, Section 1; and the Chairman, in conjunction with the President, shall select his Associates," so that the Section shall read: "Section 1. The President shall preside at all meetings of the Society. He shall preserve order, appoint all committees unless otherwise directed, and discharge all other duties, usually pertaining to a presiding officer, in accordance with the provisions of the Charter and these By-laws. He shall be, ex-officio, a member of all standing committees of the Society and Chairman of the Board of Trustees. He shall not be eligible to two terms in succession. On assuming office, it shall be his duty to appoint a Chairman for each of the Sections designated in Article VIII, Section 1; and the Chairman, in conjunction with the President, shall select his Associates."

Dr. J. R. Mansfield presented the following amendment:

Amend Article VII by substituting for the word "five" after the words "the sum of" the word "three," so that the Article shall read: "Active members shall pay annually, in advance, the sum of three dollars towards defraying the expenses of the Society. Any member who shall fail to pay his annual dues for three successive years shall be dropped from the roll of members, after having been notified by the Corresponding Secretary of the forfeiture of his membership. The published proceedings of the Society will be furnished only to those members who are not in arrears for dues."

SECTION OF CLINICAL MEDICINE.

S. W. S. Dinsmore, M. D., Chairman.

Associates.—Drs. S. G. A. Brown, Bushrod W. James, Z. T. Miller.

S. W. S. Dinsmore, M. D., Sharpsburg. "Statistics of Typhoid Fever in the City of Pittsburg for the past Ten Years."

A. P. Bowie, M. D., Uniontown. "Some Thoughts Concerning Pneumonia and Its Treatment."

Bushrod W. James, M. D., Philadelphia. "The New Reprovings by the O. O. and L. Society."

Z. T. Miller, M. D., Pittsburg. "Conclusions After Twenty-five Years."

Clarence R. Smith, M. D., Pittsburg. "A Clinical Case."

Evening Session, 8 to 10:30 o'clock.

SECTION OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

G. A. Mueller, M. D., Chairman.

Associates.—Drs. W. W. Blair, H. B. Bryson, G. J. Palen, I. G. Shallcross, Wm. Spencer, C. M. Thomas, H. B. Ware, H. S. Weaver.

H. S. Weaver, M. D., Philadelphia. "Earache in Children."

SECTION OF OBSTETRICS.

W. F. Edmundson, M. D., Chairman.

Associates.—Drs. Mary A. Cooke, D. C. Kline, A. Korndoerfer, Jr., A. B. Lichtenwalner, E. W. Mercer, G. B. Moreland, J. B. McClelland, Margaret H. Schantz, F. R. Schmucker.

A. B. Lichtenwalner, M. D., Philadelphia. "Craniotomy; a Report of Two Cases."

WEDNESDAY, SEPTEMBER 25.

Morning Session, 9:30 to 1 o'clock.

SECTION OF GYNÆCOLOGY.

J. A. Bullard, M. D., Chairman.

Associates.—Drs. B. F. Betts, Millie J. Chapman, Sarah J. Coe, T. J. Gramm, C. H. Hofman, J. E. James, T. M. Johnson, A. A. Lindabury, R. S. Marshall, J. H. McClelland, J. H. Thompson.

J. A. Bullard, M. D., Wilkesbarre. "The Female Abdomen."

SECTION OF PATHOLOGY.

W. C. Goodno, M. D., Chairman.

Associates.—Drs. Clarence Bartlett, W. D. Bayley, W. D. Carter, T. S. Dunning, I. B. Gilbert, T. P. Gittens, P. S. Hall, W. K. Ingersoll, E. H. Van Deusen.

I. B. Gilbert, M. D., Philadelphia. "Pathology."

T. P. Gittens, M. D., Philadelphia. "Metastatic Recurrent Carcinoma of the Spinal Cord: a Case."

SECTION OF PÆDOLOGY.

D. S. Kistler, M. D., Chairman.

Associates.—Drs. H. Bierman, W. H. Bigler, F. W. Boyer, Anna C. Clarke, W. G. Dietz, J. R. Mansfield, W. J. Martin, C. W. Perkins, R. L. Piper, C. W. Simmons, Theodore Sureth.

D. S. Kistler, M. D., Wilkesbarre. "The Treatment of Vomiting and Diarrhœa in Children."

H. Bierman, M. D., Bloomsburg. "Croup."

W. H. Bigler, M. D., Philadelphia. "The Study of Diseases in Children."

R. L. Piper, M. D., Tyrone. "Our Duty to Our Children."

C. W. Simmons, M. D., Philadelphia. "Experience the Main Guide in Infant Feeding."

Afternoon Session, 3 to 6 o'clock.

SECTION OF MATERIA MEDICA.

W. A. Seibert, M. D., Chairman.

Associates.—Drs. A. J. Bittner, A. P. Bowie, T. H. Carmichael, Edward Cranch, P. S. Duff, A. L. Kistler, Aug. Korndoerfer, Sr., C. S. Middleton, Charles Mohr, C. S. Raue, C. S. Schwenk, G. W. Smith, R. T. White, H. H. Wilford.

W. A. Seibert, M. D., Easton. "The Student and the Materia Medica."

A. J. Bittner, M. D., Allentown. "Mental Irritability."

A. P. Bowie, M. D., Uniontown. "A Knowledge of the Materia Medica an Essential of Sound Homœopathic Practice."

T. H. Carmichael, M. D., Philadelphia. "The Pharmacopœia and Materia Medica Revision."

Edward Cranch, M. D., Erie. "The Homœopathic Dose."

P. S. Duff, M. D., Great Belt. "Lobelia Inflata."

Aug. Korndoerfer, Sr., M. D., Philadelphia. "Some Thoughts Upon our Materia Medica, Its Value, Its Scope, Its Use."

Charles Mohr, M. D., Philadelphia. "The Value of the Homœopathic Materia Medica."

C. S. Raue, M. D., Philadelphia. "The Application of the Homœopathic Materia Medica to Pediatric Practice."

C. S. Schwenk, M. D., Philadelphia. "Why Does Homœopathy Fail?"

R. T. White, M. D., Allegheny. "Excerpts from Practice."

THURSDAY, SEPTEMBER 26.

Morning Session, 9:30 to 1 o'clock.

SECTION OF SURGERY.

H. L. Northrop, M. D., Chairman.

Associates.—Drs. T. L. Adams, L. T. Ashcraft, F. C. Benson, T. L. Chase, J. W. Coolidge, J. W. Hassler, D. P. Maddux, J. L. Peck, S. M. Rinehart, H. F. Schantz, C. P. Seip, W. G. Steele, Walter Strong, L. W. Thompson, G. A. Van Lennep, W. B. Van Lennep, C. V. Vischer, L. H. Willard.

H. L. Northrop, M. D., Philadelphia. "Bowel Obstruction, Including a Report of Two Cases of Obturator Hernia."

T. L. Adams, M. D., Philadelphia. "Is the Treatment of Hæmorrhoids by the Injection Method a Rational One?"

L. T. Ashcraft, M. D., Philadelphia. "Results Obtained by the Writer's Modification of Bottini's Operation."

T. L. Chase, M. D., Philadelphia. "Pelvic Abscess."

Herbert P. Leopold, M. D., Philadelphia. "Tubercular Adenitis."

J. W. Hassler, M. D., Philadelphia. "The After-Treatment of Cases of Anæsthesia."

D. P. Maddux, M. D., Chester. "The Care of Inoperable Carcinoma."

J. L. Peck, M. D., Scranton. "An Unusual Case of Strangulated Hernia with Operation and Recovery."

Walter Strong, M. D., Philadelphia. "A New Method of Treatment of Severe Burns."

G. A. Van Lennep, M. D., Philadelphia. "Some Unusual Adominal Cases."

W. B. Van Lennep, M. D., Philadelphia. "Gall Stones."
C. V. Vischer, M. D., Philadelphia. "Appendicitis."

SECTION OF SANITARY SCIENCE.

S. G. Godshall, M. D., Chairman.
Associates.—Drs. J. D. Boileau, Isaac Crowther, A. C. Heritage, E. H. Hill, A. F. Merrell, W. C. Powell, Trimble Pratt, R. E. Tomlin, D. B. Umstead, Chandler Weaver.
S. G. Godshall, M. D., Edge Hill. "Mosquitoes."
J. D. Boileau, M. D., Philadelphia. "Medical Examination of the Public School Children."
W. C. Powell, M. D., Bryn Mawr. "Dietetic Uses of Water."
Trimble Pratt, M. D., Media. "An Ounce of Prevention vs. a Pound of Cure."
R. E. Tomlin, M. D., Philadelphia. "Some Observations with Comments."

Afternoon Session, 2 to 5 o'clock.

Conclusion of Reports of Sections and Discussions.
Final Report of the Board of Censors.
Unfinished Business.
New Business.
Election of Officers.
Selection of place for Next Meeting.
Appointment of Committees.
Announcement of Sections.
Adjournment.

The Board of Trustees presented the following report:

The Board of Trustees met in May in Philadelphia to have a general discussion for the advancement of the interests of the Society, at which a number of matters were gone over, and the Trustees agreed to go before the Governor, in case there was a necessity, if the bill for the State Hospital for the Insane be passed. There was no necessity for the Committee going, as the matter was worked entirely politically, and there was no occasion for any public talk to the Governor, so that the Trustees did not need to go to Harrisburg and have not needed to do any particular work in regard to advancing the interests of the Society.

Last night we had another meeting, at which the financial matters were taken care of, as regards the payment of bills. We passed a by-law at the last meeting of the Society making the President of the Society ex-officio a member of the Board of Trustees, the legality of which was doubted by some of the members of the Society. The Board of Trustees asked Dr. Van Baun to act as a committee and obtain legal advice as to whether that by-law is legal or not, and Dr. Van Baun did so, reporting as follows:

To the Homœopathic Medical Society of the State of Pennsylvania:

A question having arisen as to the legality of the provision in Article V, Section 1, of the By-Laws, reading the President of the Society shall be Chairman of the Board of Trustees, V. Gilpin Robinson, Esq., of the Philadelphia bar, was consulted and gave the following opinion:

"The charter of the Homœopathic Medical Society of the State of Pennsylvania is granted under the provisions of the act of Assembly of Pennsylvania, dated April 29, 1874. By an amendment of the act approved May 14, 1891, P. L. p. 62, it is provided as follows: 'The number of directors or trustees shall not be less than three; one of them shall be chosen president by the directors or by the members of the corporation, as the By-Laws shall direct.'

Under the provisions of the same act [May 14, 1891, P. L. 61] it is provided: 'They [the By-Laws] shall prescribe the time and place of meeting of the corporation, the powers and duties of its officials, and such other matters as may be pertinent and necessary for the business to be transacted.'

"As our charter has no special provision as to how the Chairman of the Board of Trustees shall be elected, Mr. V. G. Robinson advises that the amended By-Laws holds good.

"Respectfully submitted,

"Wm. W. Van Baun."

Dr. E. M. Gramm, *Secretary.*

The following communication was also passed upon by the Board of Trustees, who ask that the amount of $116.49 (for which Dr. Keim's check accompanies the report) be set aside as a special fund for the use of the Committee on Legislation:

REPORT OF THE TREASURER OF COMMITTEE ON LEGISLATION, 1897, 1898, 1889, 1900.

PHILADELPHIA, Sept. 21, 1901.

To the Board of Trustees of the Homœopathic Medical Society of Pennsylvania:

GENTLEMEN.—Early in the year 1897 Dr. H. C. Chisolm, Chairman of the "Committee on Legislation," appointed me treasurer of the committee and chairman of the subcommittee on finance. In accordance with the duties of my position two requests were made to the profession in Pennsylvania for contributions to meet the expenses of said committee, the first to every homœopathic physician in the State, the number being 945. The return to the request was the sum of one hundred and twenty-three dollars. A second request was made to the members of the State Society who failed to respond to the first call, when an additional sum of ninety-three dollars was received. The total sum collected being two hundred and sixteen dollars. The expense of said collections was eighty-four $\frac{51}{100}$ dollars. This expenditure may seem large in comparison with the results, but would have been no greater had thousands instead of hundreds been collected. The additional expense of fifteen dollars was for legitimate expenses incurred by a friend in performance of the work of the committee, leaving a balance in my hands November 8, 1898, of one hundred and sixteen $\frac{49}{100}$ dollars deposited in the Northwestern National Bank, of Philadelphia, in the name of Whilliam H. Keim, M. D., Chairman.

The Legislative Committee of 1897 was reappointed for 1898, 1899 and 1900. It expired by constitutional limitation January 1, 1901, when a new committee, of which I was not a member, began its existence, leaving in my hands one hundred and sixteen $\frac{49}{100}$ dollars collected from the physicians of Pennsylvania for the legitimate expenses of the committee. As the committee of which I was treasurer is non-existent, and the money not belonging to the State Society, having been collected for a specific purpose, I respectfully solicit the Board of Trustees to relieve me of the responsibility. I suggest that the money be placed in the

treasury of the State Society, the fund to be kept separate and distinct from all other moneys of the Society, and not to be liable for (its) debts, the Society being the trustee for the contributors, the fund to be known as the fund for legal expenses, subject to the order of the Chairman of the Legislative Committee, said order being previously approved by the President and Secretary of the Board of Trustees.

I ask that this communication and accompanying report be read before the Society, and an abstract published in the Transactions, that the contributors may know that I have faithfully performed the duties of the treasurer of the Committee on Legislation.

Respectfully submitted,

Wm. H. Keim, M. D.,

Treasurer of the Committee on Legislation 1897, 1898, 1899, 1900.

On motion, the report of the Board of Trustees was accepted, and the amount of $116.49 set aside as a special fund for the use of the Committee on Legislation.

Dr. George B. Moreland, Chairman, presented the following

REPORT OF THE COMMITTEE ON ORGANIZATION, REGISTRATION AND STATISTICS.

To the Homœopathic Medical Society of the State of Pennsylvania:

Your Committee on Organization, Registration and Statistics presents its annual report for publication. A list of the local societies and of the hospitals and dispensaries under homœopathic control is given, and detailed statements of data obtainable concerning them is placed at your disposal.

We desire, through the medium of this report, to thank all who have answered our requests for information.

Respectfully submitted,

Geo. B. Moreland, M. D.,

Chairman.

HOMŒOPATHIC MEDICAL SOCIETIES

Name.	President.
Lehigh Valley Homœopathic Medical Society.	F. P. McKinstry, M. D., Washington, N. J.
Homœopathic Medical Society of Northeastern Pennsylvania.	A. J. Brooke, M. D., Wilkesbarre.
Homœopathic Medical Society of Chester, Delaware and Montgomery Counties.	S. G. Godshall, M. D., Edge Hill.
Homœopathic Medical Society of Philadelphia County.	W. G. Steele, M. D., Philadelphia.
Homœopathic Medical Society of Allegheny County.	J. K. M. Perrine, M, D., Pittsburg.
Homœopathic Medical Society of 23d Ward, Philadelphia.	S. G. Godshall, M. D., Edge Hill.
Homœopathic Medical Society of Schuylkill County.	D. G. Price, M. D., Shenandoah.
Alumni Association of Hahnemann Medical College of Philadelphia.	A. P. Williamson, M. D., Minneapolis, Minn.
Homœopathic Medical Society of Beaver County.	S. B. Moon, M. D., Beaver Falls.
Germantown Homœopathic Medical Society of Philadelphia.	E. R. Snader, M. D., Philadelphia.
Hahnemann Club of Philadelphia.	W. H. H. Neville, M. D., Philadelphia.
Oxford Medical Club.	G. W. Smith, M. D., Philadelphia.
Woman's Homœopathic Medical Club of Philadelphia.	Mary Branson, M. D., Philadelphia.
Bœnninghausen Medical Club.	T. P. Gittens, M. D., Philadelphia.
Homœopathic Practioners' Association.	H. F. Schantz, M. D., Reading.
A. R. Thomas Club.	Carl V. Vischer, M. D., Philadelphia.
Saturday Night Club of Microscopists.	Joseph C. Guernsey, M. D., Philadelphia.
Philadelphia Clinical Society.	Chas. M. Thomas, M. D., Philadelphia.
Philadelphia Medical Club.	W. D. Bayley, M. D., Philadelphia.
East End Doctors' Club.	J. H. McClelland, M. D. Pittsburg.
Homœopathic Pharmaceutical Association of Pennsylvania.	F. J. Slough, M. D., Allentown.
Homœopathic Medical Society of Delaware County.	R. E. Haines, M. D., Rutledge.
Homœopathic Medical Society of Chester County.	W. S. Taylor, M. D., Malvern.
Homœopathic Medical Society of Luzerne County.	Robert Murdock, M. D., Wilkesbarre.
Lackawanna Homœopathic Medical Society.	Theo. Sureth, M. D., Scranton.
Philadelphia Medical and Surgical Society.	John J. Tuller, M. D., Philadelphia.
Organon Medical Club.	R. P. Mercer, M. D., Chester.
Women's Homœopathic Medical Association of Pittsburg.	Millie J. Chapman, M. D., Pittsburg.
Wm. B. Van Lennep Clinical Club.	F. C. Benson, M. D., Philadelphia.

OF THE STATE OF PENNSYLVANIA.

Secretary.	Organized.	Incorporated.	When Meetings are Held.	Number of Members.	Annual Dues.
H. H. Wilford, M. D., Bangor, Pa.	1881	Not.	Bi-Monthly.	23	$1.00
Anna C. Clarke, M. D., Scranton.	1882	"	Semi-Annually.	35	2.00
Isaac Crowther, M. D., Chester.	1858	"	Bi-Monthly.	58	1.00
H. P. Leopold, M. D., Philadelphia.	1866	"	Monthly.	316	1.00
V. S. Gaggin, M. D., Pittsburg.	1864	"	"	78	2.00
J. D. Boileau, M. D., Philadelphia.	1881	"	"	25	1.50
J. V. Kerch, M. D.	1883	"	Quarterly.	19	1.00
W. D. Carter, M. D., Philadelphia.	1857	"	Annually.	1427	
Wm. Raymer, M. D., Beaver Falls.	1883	"	Monthly.	14	1.00
J. W. Hassler, M. D., Philadelphia.	1877	"	"	152	2.00
T. S. Dunning, M. D., Philadelphia.	1872	"	"	10	
W. M. Griffith, M D., Philadelphia.	1885	"	"	17	1.00
Lydia W. Stokes, M. D., Philadelphia.	1883	"	"	15	.25
Geo. W. Smith, M. D., Philadelphia.	1877	"	"	8	1.00
Dr. Sanders, Reading.	1895	"	"	12	1.00
A. A. Morris, M. D., Philadelphia.	1888	"	"	22	
Nathan Smilie, M. D., Philadelphia.	1894	"	"	54	2.00
W. H. Bigler, M. D. Philadelphia.	1880	"	Bi-Monthly.	10	
E. H. Van Deusen, M. D., Philadelphia.	1882	"	Monthly.	13	
C. I. Wendt, M. D., Pittsburg.	1895	"	"	18	1.00
E. P. Auschutz, M. D., Philadelphia.	1881	1881	At call of President.	13	
Geo. C. Webster, M. D., Chester.	1898	Not.	Quarterly.	21	1.00
S. Hoopes, M. D., West Chester.	1898	"	"	14	1.00
J. A. Brooke, M. D., Wilkesbarre.	1899	"	Semi-Monthly.	15	None.
J. S. Peck, M. D., Scranton.	1900	"	Monthly.	12	Assessment.
Wm. C. Hunsicker, M. D., Philadelphia.	1899	"	"		
D. P. Maddux, M. D., West Chester.	1887	"	"	15	Assessment.
Anna Johnston, M. D., Pittsburg.	1899	"	"	6	1.00
J. W. Hassler, M. D., Philadelphia.	1895	"	"	15	3.00

HOMŒOPATHIC MEDICAL SOCIETIES

Name.	President.
McKean County Homœopathic Medical Society.	E. A. Van Scoy, M. D., Bradford.
Goodno Homœopathic Medical Society.	John M. Yeagley, M. D., York.

OF THE STATE OF PENNSYLVANIA.

Secretary.	Organized.	Incorporated.	When Meetings are Held.	Number of Members.	Annual Dues.
A. G. White, M. D., Bradford.	1901	Not.	Monthly.	6	
E. T. Prizer, M. D., Lancaster.	1899	"	Quarterly.	30	1.00

HOMŒOPATHIC DISPENSARIES

Name.	Secretary.	Location.
General Dispensary of Pittsburg Homœopathic Hospital.	D. G. Stewart.	Pittsburg.
Eye and Ear Dispensary of Homœopathic Hospital.	D. G. Stewart.	Pittsburg.
Hahnemann Hospital Dispensary of Philadelphia.	Wm. G. Foulke.	Philadelphia.
Children's HomœopathicHospital Dispensary.	Walter Strong, M. D.	Philadelphia.
Hahnemann Hospital Dispensary of Scranton.	M. H. Holgat.	Scranton.
Reading Homœopathic Dispensary.	H. F. Schantz, M. D.	Reading,
Dispensary of Women's Homœopathic Association of Pennsylvania.	Mrs. R. S. Mason.	Philadelphia.

HOMŒOPATHIC HOSPITALS AND INFIRMARIES

Name.	Location.	Secretary or Executive Officer.	Incorporated.	When Opened to Patients.
Medical, Surgical and Maternity Hospitals of Women's Homœopathic Association of Pennsylvania.	Philadelphia.	Mrs. A. W. Sumner, Philadelphia.	1882	1882
Children's Homœopathic Hospital of Philadelphia.	Philadelphia.	Walter Strong, M. D.	1877	1887
Homœopathic Medical and Surgical Hospital of Pittsburg.	Pittsburg.	B. K. Bechtel.	1866	1866
Hahnemann Medical College and Hospital.	Philadelphia.	C. Mohr, M. D.	1848	1869
Hahnemann Hospital of Scranton.	Scranton.	Mrs. H. M. Boies.	1897	1897
Hahnemann Medical and Surgical Hospital.	Reading.	W. W. Sight.	1890	1891
† Beaver Valley General Hospital.	New Brighton.	Mrs. J. A. Knott.	1894	1895
Woman's Southern Homœopathic Hospital of Philadelphia	Philadelphia.	Miss Annie M. Miller.	1896	1896
‡ Bradford Hospital.	Bradford.	W. J. Russell, M. D.	1885	1887
Benedictine Infirmary.	Erie.	Benedictine Sisters.	. . .	. . .
Christian Home for Women.	Allegheny.	Mrs. Jos. Horner.	1875	1875
M. E. Deaconess Home.	Pittsburg.	Miss S. E. Eyler.	1891	. . .
Florence Crittenton Home.	Pittsburg.	Mrs. Powers.	1893	1893

† Homœopathic member of staff.

‡ Staff composed of equal number of homœopaths and allopaths.

OF THE STATE OF PENNSYLVANIA.

Incorporated.	Opened to Patients.	Number of New Patients Last Year.	Number of Patients Treated Last Year.	Number of Prescriptions Last Year.	Number Visits to Out-Door Patients.
1866	1866	3,984	21,123	10,993	None.
1866	1866	. . . . .	. . . . .	. . . . .	. . . . .
1848	1848	23,433	32,741	94,660	970
1877	1877	. . . . .	35,378	33,867	4,759
1897	1897	270	310	698	32
1890	1888	. . . . .	1,625	6,044	. . . . .
1882	1882	. . . . .	5,901	18,712	3,398

OF THE STATE OF PENNSYLVANIA.

No. of Beds.	No. of Patients Treated Last Year.	Cured.	Re-lieved.	Not Relieved.	Died.	Estimated Value of Hospital and Grounds.	Sources of Income.
80	694	555	37	12	42	. . . . .	State aid. Donations.
54	*388	204	88	10	37	$120,000.00	State aid. Donations.
125	2236	1588	398	96	163	226,515.28	State aid. Donations.
200	1888	1570	182	38	98	669,000.00	State aid. Donations.
28	306	207	59	7	17	Rented.	State aid. Donations.
22	168	116	44	1	7	35,000.00	State aid. Donations.
25	215	170	7	4	19	15,000.00	State aid. Donations.
33	125	75	44	2	3	17,500.00	Donations.
37	284	138	81	8	26	25,000.00	State aid. Donations.
10	115	101	13	. . . .	1	. . . . .	. . . . .
20	18	16	. .	. . .	2	25,000.00	Donations.
. . .	‖400	. . . .	. .	. . . .	. .	13,500.00	Donations.
16	72	68	. . .	. . . .	4	. . . . .	Donations.

* 2,296 accident cases not included.

‖ Visits to out patients.

Dr. L. H. Willard, Chairman, presented the following:

REPORT OF THE COMMITTEE ON LEGISLATION.

Your Committee on Legislation appointed at the last meeting of this Society beg leave to make the following report:

It has been the earnest desire of the homœopathic physicians of this State for many years to have set apart or built an asylum for insane to be under homœopathic treatment. This was promised by the Board of Public Charities as not only justice, but in accordance with the wishes of a large number of our population who desired an asylum for the insane where the treatment given at home might be extended to those unfortunate persons in the hope of relieving their mental troubles.

In the year 1899 an act was passed giving us $300,000. It was found that an appropriation for that purpose was unavailable—not enough money in the treasury to warrant the expenditure. The last session an act of similar nature was passed, and his Excellency, Hon. Wm. A. Stone, the Governor of this Commonwealth, signed the bill, but cut the appropriation down to fifty thousand dollars. The act we here append to this report.

As the asylum is now assured, it becomes the duty of this Society to give all aid in their power to further this object, and your committee would suggest that an Advisory Committee be appointed to confer with the commission appointed by the Governor, as we have it from some members of the commission they would be honored if it was done.

On motion of Dr. J. H. McClelland the report was accepted and an Advisory Committee of five directed to be appointed by the President.

The Necrologist, Dr. T. L. Bradford, presented the following

REPORT OF THE NECROLOGIST:

Dr. William K. Brown was born in Kensington, Philadelphia, August 19, 1850, where his ancestors had lived for four generations. He received his preliminary education in the Preparatory School of St. Michael's church, and from thence went to Niagara University, Niagara county, New

York, where he graduated with the degree of A. B. He graduated in 1872 from the Philadelphia University of Medicine and Surgery, and commenced the practice of his profession in Kensington, where he soon acquired a large and lucrative practice.

Dr. Brown became a member of the American Institute of Homœopathy in 1892; of this Society in 1891; he was also a member of the Philadelphia County Homœopathic Medical Society. He was also a member of the Catholic Club of Philadelphia, the Germantown Medical Society and the Bœnninghausen Club.

His death occurred October 3, 1900, of inflammation of the brain. He had been a sufferer from locomotor ataxia for several years, and in 1890 he was compelled by ill health to take a prolonged rest from practice, spending the time in Europe. He renewed practice in October, 1890, but in 1893 and 1897 he suffered from severe illness, and, although he each time returned to his beloved profession, it was with diminished physicial vigor. For nine months previous to his death he was unable even to see office patients. He married Miss Mary F. McGrath, of Philadelphia, by whom he had three sons. Both widow and sons survive.

The funeral services were held at the Catholic Cathedral, at Eighteenth and Race streets, on Saturday morning, October 6, 1900.

Dr. Brown's kindly, genial manner greatly endeared him to his many friends and patients and to his professional brethren, and his death in the height of his professional usefulness is greatly to be regretted.

John C. Burgher, of Pittsburg, Pa., was born at Windham, Portage county, Ohio, November 1, 1822. He pursued his preparatory studies in the public schools, after which he entered Windham Classical Academy. After graduating he, for eleven years followed the profession of teacher, nine years of that time being passed in and around Pittsburg. While engaged in teaching he sometimes delivered lectures on temperance and educational subjects, receiving much commendation. He became a member of the Allegheny County Teachers' Association, serving as its secretary for several years, and on his resignation being unanimously elected an honorary member. He resigned from an Allegheny

County Grammar School to complete his medical studies, previously carried on for some years under the tuition of Dr. J. M. Dake. In 1851 he became a student of Dr. J. P. Dake, brother of his first preceptor. In 1853 he attended a full course of medical lectures in the Medical School of Geneva, N. Y., and in the autumn of that year matriculated at the Homœopathic Medical College of Pennsylvania, graduating in the spring of 1854. He at once located in Pittsburg, and entered into partnership with his friend and preceptor, Dr. J. P. Dake. This partnership terminated by limitation in April, 1857, when he opened an office of his own and entered upon a career of usefulness and success, which extended through his professional life. On May 5, 1857, Dr. Burgher was married to Miss Esther Rutherford. He proposed and helped organize the Homœopathic Medical Society of Allegheny County, the oldest Society of the sort in Pennsylvania. He was its first president, and was repeatedly re-elected to that office by acclamation. He was a charter member of the Homœopathic Medical Society of Pennsylvania, was elected second vice-president at its first meeting in 1866. He was again re-elected second vice-president in 1873, first vice-president in 1876, and in 1877 was elected president. He helped organize and was the first president of the Allegheny County Anatomical Society, and was a member of the Allegheny County Materia Medica Club. He was a life member of the Cleveland Homœopathic Hospital and a member of the Board of Censors of the Cleveland Hospital College. He joined the American Institute of Homœopathy in 1854, was elected vice-president in 1873, and became president in 1878. In 1880 he was elected General Secretary of the Institute, holding that office for eight years. He was one of the founders of the Pittsburg Homœopathic Hospital, an original corporator, and served as trustee from its beginning. He drafted its charter, was president of its medical board, member of its surgical staff, and chairman of its executive committee, and was for four years its secretary. The success of the hospital was very precious to him. He continued his interest in educational matters all his life, was a school director and member of the Central Board of Education almost to the time of his death. He was the author of several pamphlets, notable

among which was one on the Systematic Respiration of Pure Air as a Preventive Against Consumption, and he was also instrumental in preparing the volume on the Centennial of the Introduction of Homœopathy West of the Alleghenies held in 1888.

At a meeting of the Executive Committee of the Pittsburg Homœopathic Hospital, the President of the Board of Trustees, Mr. Wm. Metcalf, offered the following resolution, which was unanimously adopted:

"*Resolved*, That it is with profound regret and grief that we have to note the loss of another charter member and life trustee of the hospital by the death of John C. Burgher. Like other noble members of the profession Dr. Burgher was a steadfast friend and supporter of the hospital. He gave to it his time, his best thought, his heart and his money. Ripe in experience and sound in judgment, his help and counsel were wise and always welcome. A genial Christian gentleman, his companionship was agreeable and his presence a pleasure.

"*Resolved*, That these expressions of our feeling be spread upon the minutes, and that a copy be sent to his family, who have our sincere sympathy in their loss."

Dr. Burgher, on account of ill health and age, retired from practice two years previous to his death. In the fall of 1900 he went with his daughter to California for the winter. The journey home was a long and trying one. He reached Pittsburg on June 7, 1901, and the next day went into the Homœopathic Hospital, remaining there during his last illness. He suffered from a complication of kidney and bladder troubles that old age is often heir to. He died August 11, 1901, at the hospital. The funeral was from the residence of his son, at Sharpsburg, August 13th, the burial in the family lot in the Allegheny cemetery.

Dr. Burgher's wife died in April, 1887. Three children survive him: Rutherford, J. Clifford and Miss Jennie Burgher.

One of his professional friends fitly expresses his loss in the following:

"He was the last of the Old Guard here and is greatly missed by all his confreres."

George Shannon Boyd was born in New Sheffield, Beaver county, Pa., May 6, 1850. He was the son of Samuel and

Martha Boyd. He received his education in Beaver county, and the degree of doctor of medicine at the Cleveland Homœopathic Hospital College in 1880. He shortly afterwards located at Beaver Falls, where he passed his life. He had a large and lucrative practice and was greatly esteemed, being one of the best known physicians in Beaver county.

On April 28, 1881, he was married to Miss Emma J. Laird, of New Sheffield, Pa., who survives him. He had no children.

He died on Friday afternoon, May 10, 1901, after a lingering illness, of Bright's disease. The funeral services were held on May 13th at his home, on Sixth avenue, Beaver Falls. They were largely attended and were conducted by a number of clergymen, each of whom paid tribute to the memory of the deceased, who was held in high esteem by all who knew him. Many beautiful offerings surrounded his bier, among which was a beautiful anchor of white roses, with B. C. H. M. S. in purple flowers in the centre, the tribute of the Beaver County Homœopathic Medical Society, of which he was a member. He joined the State Homœopathic Society in 1884.

J. Ely, M. D., of Washington, died since the last meeting of the Society, but no particulars of his life work were obtainable by the Neurologist.

The amendments to the By-Laws offered at the last meeting of the Society were then taken up. On motion, Section 4, Article VIII., was stricken out.

Article V., Section 1, was amended to read, "The President shall preside at all meetings of the Society. He shall preserve order, appoint all committees unless otherwise directed, and discharge all other duties usually pertaining to a presiding officer in accordance with the provisions of the charter and these By-Laws. He shall be ex-officio a member of all standing committees of the Society and Chairman of the Board of Trustees. He shall not be eligible to two terms in succession. On assuming office it shall be his duty to appoint a Chairman for each of the Sections designated in Article VIII., Section 1, and the Chairman, in conjunction with the President, shall select his associates."

By resolution the foregoing amendment to the By-Laws is not to become operative until January 1, 1902.

The amendment to Article VII. by which the dues would have been reduced to three dollars was lost.

REPORT OF THE BOARD OF CENSORS.

The Board of Censors recommended for membership the following applicants, who were, on motion, elected:

A. L. Baker, M. D., Altoona.
W. A. Barnes, M. D., Kittanning.
Mary J. Cochran, M. D., Bellevue.
R. C. Cooper, M. D., 1111 Federal Street, Allegheny.
J. D. Elliott, M. D., Pittsburg.
W. D. Gates, M. D., Indiana.
Anna Johnston, M. D., 5115 Liberty Ave., Pittsburg.
C. Spencer Kinney, M. D., Easton.
H. P. Leopold, M. D., 310 W. Chelten Ave., Gtn, Philadelphia.
W. Joline Martin, M. D., Wilkinsburg.
J. E. Moore, M. D., Coraopolis.
Emory H. Morrow, M. D., Altoona.
Frederick Lucius Muth, M. D., Wilmerding.
H. S. Nicholson, M. D., 621 Arch Street, Allegheny.
Evelyn S. Pettit, M. D., New Brighton.
H. E. Rainsley, M. D., 713 Arch Street, Allegheny.
F. C. Sawers, M. D., Pittsburg.
J. W. Stitzel, M. D., Hollidaysburg.
Amos O. Taylor, M. D., 1415 Twelfth Ave., Altoona.
John J. Tuller, M. D., 1931 Chestnut Street, Philadelphia.
Anna D. Varner, M. D., Wilkinsburg.
H. D. Wallace, M. D., Allegheny.
Thomas Welsh, M. D., 2414 Carson Street, Pittsburg.

Dr. Daniel Yoder, of Catasauqua, presented his resignation from membership, which was, on motion, accepted.

The President announced that he had appointed Drs. B. Frank Betts and C. W. Roberts delegates to the Interstate Committee of the American Institute of Homœopathy, who presented the following:

REPORT OF THE DELEGATES TO THE INTERSTATE COMMITTEE OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The delegates appointed to represent the Homœopathic Medical Society of Pennsylvania in the Interstate Committee of the American Institute of Homœopathy present the following report, viz.:

At the last meeting of the national organization held in June the Committee was in session upon several occasions, yet the need for some public announcement of the time and place appointed for holding these meetings was keenly felt, and in the future the Interstate Committee will hope to have the time announced in the official program of the order of business adopted by the Institute.

The work intended to be accomplished by the Interstate Committee appears to be as follows:

1st. Its Secretary is expected to correspond with the President of each State Homœopathic Medical Society in the United States, and request the appointment of two members from each State to represent said State Society in this Committee.

2d. It will be the duty of these appointees to present to this Committee a report from their respective States upon topics of general interest to the American Institute of Homœopathy respecting the establishment of newly organized homœopathic societies and medical institutions, and the enactment of State laws of interest to the homœopathic profession and the American Institute of Homœopathy.

3d. It will be the duty of these appointees to present a report from the Interstate Committee prepared from data furnished by the secretary of the same to their respective State organizations, which shall include a synopsis of the action taken by the Institute upon the reports from the following Committees of the American Institute of Homœopathy:

The Committee on the President's Address.

The Committee on Medical Education.

The Committee on Medical Literature.

The Committee on Medical Legislation.

The Committee on Life Insurance.

The Committee on Organization.

The Committee on Resolutions.

The Intercollegiate Committee, with reports upon such other subjects as the American Institute of Homœopathy may direct.

It is intended in this way to harmonize the work of the National and State organizations, secure coöperation and interest the profession in legislative or other measures intended to promote the welfare of our system of practice.

At the last meeting of the American Institute of Homœopathy 218 new members were elected. Steps were taken to provide for the establishment of sectional societies for the several specialties in medicine and surgery to take the place of the sections or bureaus formerly established. These societies will elect their own officers and continue in session until ample time is afforded for the presentation and discussion of all their papers. They will still own allegiance to the parent organization—the American Institute of Homœopathy—and act in conjunction with the same.

At the general Institute meetings subjects of interest to the whole profession will be considered as heretofore, and particular attention will be paid to the development and exemplification of the Homœopathic Materia Medica and Therapeutics.

This plan puts the sectional and subsidiary societies in complete affiliation with the parent organization and yet secures to each that independence of action which enables it to accomplish the most satisfactory results for its constantly increasing membership as well as for the profession at large.

From the report of the Committee on Life Insurance Examinations it appears that at present there is practically no opposition by the old line life insurance companies to the appointment of homœopathic physicians as medical examiners.

The subject of appointing a national medical examining board empowered to confer the degree of L. A. I. H. (Licentiate of the American Institute of Homœopathy) and F. A.

I. H. (Fellow of the American Institute of Homœopathy) was presented for consideration.

The recommendation that a committee should be appointed to consider the founding of a school of pathogenesis was approved.

The time and place for holding the next meeting of the Institute with the several sectional societies will be decided by the Executive Committee and announced in the several homœopathic journals published in this country.

Respectfully submitted,

B. Frank Betts, M. D.,
C. W. Roberts, M. D.

Drs. J. H. McClelland and E. H. Hill were appointed tellers to conduct the election for officers, which resulted in the selection of the following:

President, Dr. R. P. Mercer, of Chester; First Vice-President, Dr. W. F. Edmundson, of Pittsburg; Second Vice-President, Dr. W. A. Seibert, of Easton; Recording Secretary, Dr. George B. Moreland, of Pittsburg; Corresponding Secretary, Dr. E. M. Gramm, of Philadelphia; Treasurer, Dr. Ella D. Goff, of Allegheny; Necrologist, Dr. J. W. Hassler, of Philadelphia; Censor, Dr. H. F. Heilner, of Scranton; Trustees, Dr. R. P. Mercer, of Chester; Dr. C. C. Rinehart, of Pittsburg, and W. H. Keim, of Philadelphia.

On motion, Philadelphia was selected as the place for the next meeting.

Dr. J. H. McClelland presented the following:

REPORT OF THE COMMITTEE ON THE DEATH OF DR. JOHN C. BURGHER.

The President having announced the death on August 11, 1901, of John C. Burgher, M. D., a charter member and ex-President of the Society, appointed a committee consisting of Drs. J. H. McClelland, L. H. Willard, and George B. Moreland to prepare a suitable expression in view of the sad event. The following resolutions are accordingly presented for the consideration of the Society:

Whereas, In the providence of God our highly esteemed and greatly beloved fellow member, Dr. John C. Burgher, has been called to his well-earned rest; therefore,

Resolved, That in the death of Dr. Burgher this society and the medical profession at large has lost a most valuable and distinguished member, a man of gentle nature and kindly disposition, a physician thoroughly qualified for his high office and withal filled with an exalted professional patriotism, willing at all times to sacrifice personal advancement for the general good.

Resolved, That this Society, of which he was one of the founders, mourns his demise, even in ripe old age, as an irreparable loss, and presents his life and character as worthy of all praise.

Resolved, That the respectful sympathy of this Society be offered to his bereaved family, with the assurance that his memory will be cherished by his colleagues and friends in and out of the profession which he so highly adorned.

Respectfully,

J. H. McClelland,
L. H. Willard,
George B. Moreland.

On motion, a vote of thanks was extended to the hospital authorities for the use of the meeting room and the courtesies of the hospital during the meeting.

On motion, a vote of thanks was given to the Entertainment Committee and to all the members of the profession who have contributed to the entertainment of the Society.

On motion, a vote of thanks was tendered to the President, Dr. Horace B. Ware, for the splendid manner in which this annual meeting has been so successfully conducted.

A vote of thanks was tendered to the press of Pittsburg for the courtesies shown the Society.

A vote of thanks was given to Mr. Joshua Rhodes, of Pittsburg, and to the officers of the Consolidated Traction Company for furnishing the Society with the special cars and the delightful ride enjoyed by the members of the Society.

Dr. E. M. Gramm offered the following amendment to the By-Laws: Amend Article IX. by striking out the words "as hereinafter provided" after the words "the following committees shall be appointed," and inserting the words "by the President on assuming office," so that the clause

shall read: "The following Committees shall be appointed by the President on assuming office."

Dr. A. P. Bowie presented the following amendment: Amend Article VII by substituting for the word "five" after the words "the sum of" the word "three," so that the Article shall read "Active members shall pay annually, in advance, the sum of three dollars towards defraying the expenses of the Society. Any member who shall fail to pay his annual dues for three successive years shall be dropped from the roll of members, after having been notified by the Corresponding Secretary of the forfeiture of his membership. The published proceedings of the Society will be furnished only to those members who are not in arrears for dues."

The President stated that he had conferred with Dr. R. P. Mercer, the newly elected President, and would announce the following Sections and Committees:

SECTIONS.

Clinical Medicine.—E. H. Hill, M. D., Chairman; Associates, Drs. A. P. Bowie, F. D. Brewster, S. G. A. Brown, S. W. S. Dinsmore, B. W. James, A. B. Lichtenwalner, Z. T. Miller, Robert Murdock, C. R. Smith.

Gynæcology.—Millie J. Chapman, M. D., Chairman; Associates, Sarah J. Coe, T. J. Gramm, J. E. James, A. A. Lindabury, R. S. Marshall, J. J. Thompson.

Materia Medica.—Theodore Sureth, M. D., Chairman; Associates, Drs. T. H. Carmichael, Edward Cranch, W. G. Dietz, P. S. Duff, J. M. Gerhart, T. M. Johnson, Augustus Korndoerfer, Sr., R. P. Mercer, C. S. Middleton, Charles Mohr, C. S. Raue, C. S. Schwenk, W. A. Seibert, G. W. Smith, R. T. White.

Obstetrics.—Augustus Korndoerfer, Jr., M. D., Chairman; Associates, Drs. H. F. Heilner, D. C. Kline, E. W. Mercer, C. W. Roberts, Margaret H. Schantz, J. H. Sandel.

Ophthalmology, Otology, and Laryngology.—H. S. Weaver, M. D., Chairman; Associates, Drs. W. W. Blair, E. W. Brickley, H. K. Hoy, H. I. Jessup, W. H. Lyle, F. W. Messerve, G. A. Mueller, G. J. Palen, H. F. Schantz, I. G. Shallcross, Wm. Spencer, C. M. Thomas, H. B. Ware.

Pædology.—Isaac Crowther, M. D., Chairman; Associates, Drs. H. Bierman, W. H. Bigler, F. W. Boyer, Anna C.

Clarke, W. G. Dietz, D. S. Kistler, J. R. Mansfield, W. J. Martin, T. E. Parker, C. W. Perkins, R. L. Piper, C. W. Simmons.

Pathology and Pathological Anatomy.—J. J. Tuller, M. D., Chairman; Associates, Drs. Clarence Bartlett, W. D. Bayley, G. J. Berlinghoff, W. D. Carter, T. S. Dunning, I. B. Gilbert, T. P. Gittens, W. K. Ingersoll, F. W. Lange, E. H. Van Deusen.

Sanitary Science.—Pemberton Dudley, M. D., Chairman; Associates, Drs. J. D. Boileau, Isaac Crowther, S. G. Godshall, W. C. Powell, Trimble Pratt, R. E. Tomlin, D. B. Umstead, Chandler Weaver.

Surgery.—L. T. Ashcraft, M. D., Chairman; Associates, Drs. T. L. Adams, G. M. Christine, J. W. Coolidge, E. M. Gramm, E. R. Gregg, J. W. Hassler, H. P. Leopold, D. P. Maddux, R. W. Martin, G. B. Moreland, H. L. Northrop, J. L. Peck, S. M. Rinehart, C. P. Seip, Walter Strong, G. A. Van Lennep, W. B. Van Lennep, C. V. Vischer.

COMMITTEES.

Committee on Legislation.—D. P. Maddux, M. D., Chairman; Associates, Drs. W. H. Bigler, J. D. Boileau, F. D. Brewster, H. M. Bunting, Anna C. Clarke, J. H. Closson, Isaac Crowther, W. G. Dietz, E. M. Gramm, T. M. Johnson, W. H. Keim, D. C. Kline, G. B. Moreland, G. A. Mueller, C. H. Palmer, E. C. Parsons, R. L. Piper, E. T. Prizer, W. A. Seibert, G. W. Smith, F. J. Slough, W. W. Van Baun, Wm. B. Van Lennep, Julia G. Waylan, L. H. Willard.

Committee on Organization, Registration, and Statistics.—G. B. Moreland, M. D., Chairman; Associates, Drs. C. F. Bingaman, E. M. Gramm.

Committee on Publication.—E. M. Gramm, M. D., Chairman; Associates, Drs. Ella D. Goff, G. B. Moreland.

DELEGATES TO SOCIETIES.

American Institute of Homœopathy.—Drs. Aug. Korndoerfer, Sr., J. L. Peck, Charles Mohr.

Delaware State Society.—Drs. Robert Murdock, I. B. Gilbert, H. Bierman.

Interstate Committee of the American Institute of Homœopathy.—Drs. B. F. Betts, C. W. Roberts.

Maryland State Society.—Drs. E. H. Hill, T. H. Carmichael, R. L. Piper.

Massachusetts State Society.—Drs. H. F. Heilner, Margaret H. Schantz, Sarah J. Coe.

New Jersey State Society.—Drs. J. H. McClelland, H. P. Leopold, J. W. Coolidge.

New York State Society.—Drs. F. W. Burlingame, A. A. Lindabury, Thomas Welsh.

Ohio State Society.—Drs. S. G. Godshall, Millie J. Chapman, J. W. Kern.

Southern Homœopathic Medical Association.—Drs. T. M. Johnson, E. C. Parsons, F. W. Boyer.

West Virginia State Society.—Drs. W. F. Edmundson, J. J. Thompson, Anna C. Clarke.

OFFICERS OF THE SOCIETY FROM ITS ORGANIZATION TO THE PRESENT TIME.

PRESIDENTS.

1866. J. B. WOOD, M. D.
1867. W. WILLIAMSON, M. D.
1868. C. PRESTON, M. D.
1869. W. WILLIAMSON, M. D.
1870. O. B. GAUSE, M. D.
1871. M. COTE, M. D.
1872. J. H. MARSDEN, M. D.
1873. B. W. JAMES, M. D. (February.)
1873. J. F. COOPER, M. D. (October.)
1874. C. A. STEVENS, M. D.
1875. R. J. McCLATCHEY, M. D.
1876. J. E. JONES, M. D.
1877. J. C. BURGHER, M. D.
1878. H. N. GUERNSEY, M. D.
1879. L. H. WILLARD, M. D.
1880. J. K. LEE, M. D.
1881. J. H. McCLELLAND, M. D.
1882. J. C. MORGAN, M. D.
1883. P. DUDLEY, M. D.
1884. W. R. CHILDS, M. D.
1885. J. E. JAMES, M. D.
1886. D. COWLEY, M. D.
1887. A. R. THOMAS, M. D.
1888. HUGH PITCAIRN, M. D.
1889. W. B. TRITES, M. D.
1890. C. F. BINGAMAN, M. D.
1891. AUGUSTUS KORNDŒRFER, SR., M. D.
1892. E. C. PARSONS, M. D.
1893 J. C. GUERNSEY, M. D.
1894. C. S. MIDDLETON, M. D.
1895. W. J. MARTIN, M. D.
1896. W. W. VAN BAUN, M. D.
1897. Z. T. MILLER, M. D.
1898. W. H. KEIM, M. D.
1899. B. F. BETTS, M. D.
1900. C. C. RINEHART, M. D.
1901. H. B. WARE, M. D.

FIRST VICE-PRESIDENTS.

1866. J. H. P. FROST, M. D.
1867. J. H. MARSDEN, M. D.
1868. H. HOFMANN, M. D.
1870. C. A. STEVENS, M. D.
1871. R. FAULKNER, M. D.
1872. H. N. GUERNSEY, M. D.
1873. M. PRESTON, M. D. (February.)
1873. M. FRIESE, M. D. (October.)
1874. I. LEFEVER, M. D.
1875. J. E. JONES, M. D.
1876. J. C. BURGHER, M. D.
1877. L. H. WILLARD, M. D.
1878. W. R. CHILDS, M. D.
1879. M. M. WALKER, M. D.
1880. H. DETWILLER, M. D.
1881. B. F. BETTS, M. D.
1882. P. DUDLEY, M. D.
1883. HUGH PITCAIRN, M. D.
1884. C. MOHR, M. D.
1885. D. CROWLEY, M. D.
1886. W. H. BIGLER, M. D.
1887. W. J. MARTIN, M. D.
1888. W. B. TRITES, M. D.
1889. C. F. BINGAMAN, M. D.
1890. C. S. MIDDLETON, M. D.
1891. E. C. PARSONS, M. D.
1892. F. R. SCHMUCKER, M. D.
1893. SARAH J. COE, M. D.
1894. Z. T. MILLER, M. D.
1895. M. M. WALKER, M. D.
1896. R. W. McCLELLAND, M. D.
1897. W. H. KEIM, M. D.
1898. H. B. WARE, M. D.
1899. A. P. BOWIE, M. D.
1900. E. H. HILL, M. D.
1901. H. L. NORTHROP, M. D.

SECOND VICE-PRESIDENTS.

1866. J. C. BURGHER, M. D.
1867. W. J. BLAKELY, M. D.
1868. J. J. DETWILLER, M. D.
1870. J. H. McCLELLAND, M. D.
1871. H. M. LOGEE, M. D.
1872. S. F. CHARLTON, M. D.
1873. J. C. BURGHER, M. D. (February.)
1873. H. R. FETTERHOFF, M. D. (October)
1874. W. F. SPETH, M. D.
1875. H. N. MARTIN, M. D.
1876. J. E. JAMES, M. D.
1877. J. E. JAMES, M. D.
1878. A. KORNDŒRFER, SR., M. D.
1879. L. M. ROSSEAU, M. D.
1880. J. W. ALLEN, M. D.
1881. J. J. DETWILLER, M. D.
1882. J. B. WOOD, M. D.
1883. C. F. BINGAMAN, M. D.
1884. H. DETWILLER, M. D.
1885. J. K. LEE, M. D.
1886. J. R. READING, M. D.
1887. EDWARD CRANCH, M. D.
1888. C. F. BINGAMAN, M. D.
1889. JOHN MALIN, M. D.
1890. C. H. LEE, M. D.
1891. M. J. CHAPMAN, M. D.
1892. SARAH J. COE, M. D.
1893. J. L. FERSON, M. D.
1894. ELIZA L. McCLURE, M. D.
1895. A. P. BOWIE, M. D.
1896. E. R. SNADER, M. D.
1897. H. B. WARE, M. D.
1898. EDWARD CRANCH, M. D.
1899. ANNA C. CLARKE, M. D.
1900. R. P. MERCER, M. D.
1901. W. J. MARTIN, M. D.

RECORDING SECRETARIES.

1866–1872. B. W. JAMES, M. D.
1873–1878. M. M. WALKER, M. D.
1879–1882. Z. T. MILLER, M. D.
1883. T. M. STRONG, M. D.
1884, 1885. C. BARTLETT, M. D.
1886, 1887. H. F. IVINS, M. D.
1888, 1889. J. H. CLOSSON, M. D.
1890–1894. J. R. HORNER, M. D.
1895. E. M. GRAMM, M. D.
1896–1901. G. B. MORELAND, M. D.

CORRESPONDING SECRETARIES.

1866–1872. R. J. McCLATCHEY, M. D.
1873–1875. P. DUDLEY, M. D.
1876–1879. J. C. GUERNSEY, M. D.
1880–1885. R. E CARUTHERS, M. D.
1886–1888. C. BARTLETT, M. D.
1889–1894. E. R. SNADER, M. D.
1895. J. R. HORNER, M. D.
1896–1901. E. M. GRAMM, M. D.

TREASURERS.

1866. D. COWLEY, M. D.
1867. H. H. HOFMANN, M. D.
1868. W. WILLIAMSON, M D.
1870. W. J. BLAKELY, M. D.
1871–1873. (February) O. B. GAUSE, M. D.
1873 (October) and 1874. R. J. McCLATCHEY, M. D.
1875–1899. J. F. COOPER, M. D.
1900–1901. ELLA D. GOFF, M. D.

NECROLOGISTS.

1872–1883. W. R. CHILDS, M. D.
1884. M. M. WALKER, M. D.
1885–1889. W. R. CHILDS, M. D.
1890–1894. W. J. MARTIN, M. D.
1895–1896. T. S. DUNNING, M. D.
1897–1901. T. L. BRADFORD, M. D.

LIST OF MEMBERS.

1899—Adams, T. Louis, M. D., 1831 Chestnut Street, Philadelphia.
1899—Arthur, Alexander B., M. D., 12th and Spruce Streets, Philadelphia.
1899—Artz, Jerome L., M. D., Camden, N. J.
1898—Ashcraft, Leon T., M. D., 1833 Chestnut Street, Philadelphia.
1892—Baier, George F., M. D., Norwood.
1889—Baily, A. W., M. D., 1809 Pacific Ave., Atlantic City, N. J.
1901—Baker, A. L., M. D., Altoona.
1896—Baker, Albra W., M. D., Emporium.
1899—Baker, Daniel J., M. D., 1706 N. 19th Street, Philadelphia.
1898—Barnes, Alonzo M., M. D., 3517 N. Broad Street, Philadelphia.
1901—Barnes, W. A., M. D., Kittanning.
1881—Bartlett, Clarence, M. D., 1506 Arch Street Philadelphia.
1889—Bayley, Weston D., M. D., 1438 Poplar Street Philadelphia.
1897—Berlinghof, George J., M. D., 1408 Capouse Ave., Scranton.
1875—BETTS, B. F., M. D., 1609 Girard Ave., Philadelphia.
1886—Bier, P. A., M. D., 4200 Butler Street, Pittsburg.
1900—Bierman, H., M. D., Bloomsburg.
1892—Bigelow, W. S., M. D., Phillipsburg.
1872—BIGLER, W. H., M. D., 118 N. 17th Street, Philadelphia.
1873—BINGAMAN, C. F., M. D., 412 Smith Block, Pittsburg.
1896—Birch, J. P., M. D., 3801 Powelton Ave., Philadelphia.
1894—Bittner, Albert Jacob, M. D., Allentown.
1892—Blair, W. W., M. D., 400 Penn Ave., Pittsburg.

1898—Boericke, Felix A., M. D., 1011 Arch Street, Philadelphia.
1892—Boileau, John D., M. D., 804 W. Lehigh Ave., Philadelphia.
1892—Books, B. F., M. D., 1117 Twelfth Ave., Altoona.
1872—BOWIE, A. P., M. D., 87 Main Street, Uniontown.
1884—Boyd, G. S., M. D., Beaver Falls.
1882—Boyer, Francis W., M. D., Pottsville.
1894—Bradford, Thomas Lindsley, M. D., 1862 Frankford Ave., Philadelphia.
1883—Branson, Mary, M. D., 1719 Arch Street, Philadelphia.
1896—Brewer, Mary, M. D., 330 E. Chelten Ave., Gtn., Philadelphia.
1896—Brewster, F. D., M. D., 309 Jefferson Ave., Scranton.
1898—Brickley, E. N., M. D., York.
1891—Brown, C. H., M. D., 1022 Walnut Street, Philadelphia.
1898—Brown, C. Sheble, M. D., 3046 Frankford Ave., Philadelphia.
1894—Brown, S. G. A., M. D., Shippensburg.
1893—Bryson, H. Ballou, M. D., 524 Penn Ave., Pittsburg.
1886—Bulick, T. M., M. D., 317 N. Second Street, Harrisburg.
1877—BULLARD, J. A., M. D., 200 S. Franklin Street, Wilkesbarre.
1881—Bunting, H. M., M. D., 521 Swede Street, Norristown.
1888—Burchfield, S. E., M. D., 803 Ligonier Street, Latrobe.
1891—Burlingame, F. W., M. D., 116 Sixth Ave., McKeesport.
1896—Caley, Joseph M., M. D., 1513 Green Street, Philadelphia.
1898—Calhoun, John C., M. D., Pittsburg.
1888—Carmichael, T. H., M. D., 7127 Germantown Ave., Philadelphia.
1897—Carter, Woodward D., M. D., 1533 S. 15th Street, Philadelphia.
1898—Challinor, S. Boyd, M. D., 311 Oakland Ave., Pittsburg.
1875—CHAPMAN, MILLIE J., M. D., 804 Penn Ave., Pittsburg.

1900—Chase, Theo. L., M. D., 1604 Walnut Street, Philadelphia.
1888—Chisholm, H. C., M. D., 528 Penn Street, Huntingdon.
1885—Christine, G. Maxwell, M. D., 2043 N. 12th street, Philadelphia.
1899—Clark, Edward P., M. D., Connellsville.
1893—Clark, George H., M. D., 4 Walnut Lane, Germantown, Philadelphia.
1889—Clarke, Anna C., M. D., 426 Adams Ave., Scranton.
1886—Closson, J. H., M. D., 53 W. Chelten Ave., Germantown, Philadelphia.
1901—Cochran, Mary J., M. D., Belleview.
1883—Coe, Sarah J., M. D., 92 N. Franklin Street, Wilkesbarre.
1894—Conarroe, Thomas H., M. D., 872 N. 26th Street, Philadelphia.
1895—Cook, W. C., M. D., 327 Grandview Ave., Pittsburg.
1894—Cooke, Mary A., M. D., 2113 N. 18th Street, Philadelphia.
1889—Coolidge, J. W., M. D., 334 Washington Ave., Scranton.
1887—Cooper, John, M. D., 54 Arch Street, Allegheny.
1894—Cooper, Peter, M. D., 502 Delaware Ave., Wilmington, Del.
1901—Cooper, R. C., M. D., 1111 Federal Street, Allegheny.
1895—Cooper, Wm. H., M. D., Oakmont.
1882—Cranch, Edw., M. D., 109 W. Ninth Street, Erie.
1898—Cresson, Charles C., M. D., 5909 Green Street, Gtn., Philadelphia.
1885—Crowther, Isaac, M. D., 143 E. 7th Street, Chester.
1891—Davis, B. L., M. D., 575 Lincoln Ave., Bellevue.
1897—Dehoff, J. W., M. D., York, Pa.
1866—DETWILLER, JOHN J., M. D., 52 Centre Square, Easton.
1893—Detwiller, W. K., M. D., Easton.
1886—Dietz, W. G., M. D., 21 N. Vine Street, Hazleton.
1878—DINSMORE, S. W. S., M. D., 60 N. Main Street, Sharpsburg.
1895—Doyle, H. H., M. D., 485 Fifth Ave., Pittsburg.
1891—Drake, J. C. Merle, M. D., 720 Sassafrass street, Erie.
1867—DUDLEY, PEMBERTON, M. D., 1405 N. 16th street, Philadelphia.

1878—DUFF, P. S., M. D., Great Belt.
1882—Du Four, W. M., M. D., 755 W. Third Street, Williamsport.
1881—Dunning, T. S., M. D., 1328 N. 15th street, Philadelphia.
1893—Ealer, Percy H., M. D., 2027 Spring Garden Street, Philadelphia.
1901—Elliott, J. D., M. D., Pittsburg.
1873—EDMUNDSON, W. F., M. D., 1321 Fifth Ave., Pittsburg.
1896—Esrey, L. K., M. D., 1642 Pine street, Philadelphia.
1895—Fitz, W. H. A., M. D., 1229 Spruce Street, Philadelphia.
1884—Fleming, R. K., M. D., 6224 Station Street, Pittsburg.
1892—Flint, Harvey E., M. D., West 11th Street, Erie.
1892—Flint, John F., M. D., 1112 Peach Street, Erie.
1873—FULTON, H. W., M. D., 325 N. Highland Ave., Pittsburg.
1898—Gann, G. W., M. D., DuBois.
1901—Gates, W. D., M. D., Indiana.
1892—Gerberich, D. P., M. D., Lebanon.
1886—Gerhart, Jos. M., M. D., 1127 Mt. Vernon Street, Philadelphia.
1879—GETZE, G. M., M. D., Tarentum.
1891—Gilbert, Irwin B., M. D., 2027 Columbia Ave., Philadelphia.
1894—Gittens, Theodore P., M. D., 1716 Diamond Street, Philadelphia.
1899—Godshall, S. G., M. D., Edge Hill.
1891—Goff, Ella D., M. D., 10 N. Diamond Street, Allegheny.
1875—GOODNO, W. C., M. D., 1724 Chestnut Street, Philadelphia.
1883—Gramm, Edward M., M. D., 1833 Chestnut Street, Philadelphia.
1867—GRAMM, G. E., M. D., 846 N. Broad Street, Philadelphia.
1883—Gramm, Theo. J., M. D., 846 N. Broad Street, Philadelphia.
1895—Gregg, Edw. R., M. D., 334 S. Highland Ave., Pittsburg.

1889—Gregory, G. W., M. D., Troy.
1888—Griffith, Louis B., M. D., 2449 Columbia Ave., Philadelphia.
1881—Griffith, Silas, M. D., 1431 Girard Ave., Philadelphia.
1877—GRIFFITH, W. M., M. D., 1827 N. 17th Street, Philadelphia.
1874—GUERNSEY, J. C., M. D., 1923 Chestnut Street, Philadelphia.
1867—GUMPERT, B. BARTON, M. D., 840 Franklin Street, Philadelphia.
1886—Gundlach, F. C., M. D., 1722 Sarah Street, Pittsburg.
1894—Haas, George H., M. D., Allentown.
1885—Haines, O. S., M. D., 137 N. 15th Street, Philadelphia.
1896—Hall, P. Sharples, M. D., 1604 Arch Street, Philadelphia.
1887—Haman, W. A., M. D., 122 N. 8th Street, Reading.
1898—Hammond, W. Wilson, M. D., 1420 Poplar Street, Philadelphia.
1883—Hancock, Jos., M. D., 1639 Columbia Ave., Philadelphia.
1899—Harner, D. W., M. D., New Holland.
1888—Harner, John E., M. D., 117 S. 5th Street, Reading.
1891—Harpel, F. E., M. D., Danville.
1884—Harris, D. R., M. D., 41 N. Jefferson Street New Castle.
1892—Hassler, J. Wyllis, M. D., 1503 Poplar Street, Philadelphia.
1883—Hassler, W. A., M. D., 105 N. 8th Street Allentown.
1893—Heath, L. R., M. D., Mercer.
1895—Heilner, H. F., M. D., Scranton.
1883—Helfrich, J. H., M. D., Allentown.
1899—Hendrixson, Lewis H., M. D., New Holland.
1892—Heritage, A. C., M. D., Jenkintown.
1873—HERRON, C. D., M. D., 3505 Butler Street, Pittsburg.
1892—Hill, E. H., M. D., Pittston.
1882—Hofman, C. H., M. D., 510 S. Highland Ave., Pittsburg.
1883—Holben, M. J., M. D., Slatington.
1892—Holsberg, W. H., M. D., Lebanon.

1883—Horner, J. Richey, M. D., 275 Prospect Street, Cleveland, O.
1889—Hoy, H. K., M. D., 1203 Fourteenth Street, Altoona.
1880—HUMES, J. R., M. D., Hollidaysburg.
1886—Ingersoll, W. K., M. D., 4008 Chestnut Street, Philadelphia.
1892—Irvin, Thomas A., M. D., Franklin.
1866—JAMES, BUSHROD W., M. D., 1719 Green Street, Philadelphia.
1867—JAMES, JOHN E., M. D., 1521 Arch Street, Philadelphia.
1889—Jamison, M. R., M. D., Greensburg.
1892—Jessup, H. I., M. D., 1829 Arch Street, Philadelphia.
1881—Johnson, Theodore M., M. D., 200 Susquehanna Ave., Pittston.
1901—Johnston, Anna, M. D., 5115 Liberty Ave., Pittsburg.
1892—Karsner, Charles W., M. D., 1320 S. Broad Street, Philadelphia.
1881—Karsner, Daniel, M. D., 205 Tulpehocken Street, Germantown.
1889—Kase, Edmund H., M. D., 1325 Girard Ave., Philadelphia.
1891—Kaufman, John, M. D., Hazleton.
1896—Keelor, J. G., M. D., 48th and Baltimore Ave., Philadelphia.
1894—Kehler, B. Frank, M. D., 1708 N. 8th Street, Philadelphia.
1885—Keim, William H., M. D., 1716 N. 18th Street, Philadelphia.
1901—Kinney, C. Spenser, M. D., Easton.
1892—Kistler, A. L., M. D., N. E. Cor. 9th and Linden Streets, Allentown.
1897—Kistler, D. S., M. D., 307 S. Franklin Street, Wilkesbarre.
1891—Kline, D. C., M. D., 5th and Chestnut Streets, Reading.
1891—Knauer, J. C., M. D., 233 S. 9th Street, Reading.
1899—Knerr, Bayard, M. D., 12th and Spruce Streets, Philadelphia.
1877—KNERR, C. B., M. D., 1833 Chestnut Street, Philadelphia.

1872—KORNDŒRFER, AUGUSTUS, SR., M. D., 1728 Green Street, Philadelphia.

1896—Korndœrfer, Augustus, Jr., M. D., 142 N. 18th Street, Philadelphia.

1900—Kressley, J. A., M. D., New Tripoli.

1896—Krusen, Edward A., M. D., Collegeville.

1894—Lawrence, F. Mortimer, M. D., 1601 Girard Ave., Philadelphia.

1888—Layman, Alfred, M. D., 1630 N. 18th Street, Philadelphia.

1887—Leake, E. N., M. D., Butler.

1884—Leckie, J. W., M. D., Hazleton.

1894—Lentz, Levi R., M. D., Fleetwood.

1901—Leopold, H. P., M. D., 310 W. Chelten Ave., Philadelphia.

1894—Lichtenwalner, A. B., M. D., 2435 N. 7th Street, Philadelphia.

1895—Lindabury, A. A., M. D., Scranton.

1896—Lyle, William Howard, M. D., 1833 Master Street, Philadelphia.

1868—MACFARLAN, MALCOLM, M. D., 1805 Chestnut Street, Philadelphia.

1893—Macfarlan, Duncan, M. D., 3924 Chestnut Street, Philadelphia.

1886—Maddux, D. P., M. D., 700 Madison Street, Chester.

1878—MALIN, WILLIAM H., M. D., 8408 Germantown Ave., Chestnut Hill, Philadelphia.

1892—Mansfield, Harry K., M. D., 19 W. Chelten Ave., Germantown, Philadelphia.

1881—Mansfield, J. R., M. D., 5620 Germantown Ave., Philadelphia.

1891—Marks, William F., M. D., 118 N. 9th Street, Reading.

1885—Marsden, Biddle R., M. D., Chestnut Hill, Philadelphia.

1883—Marshall, Anna M., M. D., 1420 Chestnut Street, Philadelphia.

1891—Marshall, R. S., M. D., 424 Shady Ave., Pittsburg.

1899—Martin, Robert W., M. D., 1831 Chestnut Street, Philadelphia.

1877—MARTIN, W. J., M. D., 1712 Carson Street S. S., Pittsburg.
1901—Martin, W. Joline, M. D., Wilkinsburg.
1878—MAURER, J. M., M. D., Washington.
1891—McCauley, J. C., M. D., 128 Connecticut Street, Rochester.
1879—M'CLELLAND, J. B., M. D., 409 Penn Ave., Pittsburg.
1867—M'CLELLAND, J. H., M. D., 5th and Wilkins Ave., Pittsburg.
1884—McClelland, R. W., M. D., 5th and Wilkins Ave., Pittsburg.
1883—McClure, Eliza H. Lang, M. D., 1919 Wallace Street, Philadelphia.
1893—McCracken, William, M. D., 2110 Carson Street, Pittsburg.
1888—Mercer, Edward W., M. D., 1705 Arch street, Philadelphia.
1871—MERCER, ROBERT P., M. D., 223 W. 3d Street, Chester.
1896—Merrell, A. F., M. D., Hallstead.
1871—MIDDLETON, CALEB S., M. D., 1523 Girard Ave., Philadelphia.
1887—Millen, J. C., M. D., 911 Downing Ave., Denver, Col.
1887—Miller, Z. T., M. D., 2013 Carson Street, S. S., Pittsburg.
1900—Minahan, Thomas, M. D., Carnegie.
1883—Mitchell, J. N., M. D., 1505 Spruce Street, Philadelphia.
1875—MOHR, CHARLES, M. D., 1823 Green Street, Philadelphia.
1893—Monroe, J. E., M. D., Orange, Mass.
1893—Moon, S. B., M. D., 1314 Eighth Ave., Beaver Falls.
1901—Moore, J. E., M. D., Coraopolis.
1893—Moreland, George B., M. D., 1321 Fifth Ave., Pittsburg.
1901—Morrow, Emory H., M. D., Altoona.
1891—Mueller, G. A., M. D., Empire Bldg., Liberty Ave. and 5th Street, Pittsburg.
1888—Murdock, Robert, M. D., 160 S. Main Street, Wilkesbarre.

1901—Muth, F. L., M. D., Wilmerding.
1894—Myers, Charles Elwood, M. D., 170 Green Lane, Manayunk, Philadelphia.
1866—NEVILLE, W. H. H., M. D., 1833 Wallace Street, Philadelphia.
1901—Nicholson, H. S., M. D., 621 Arch Street, Allegheny.
1893—Northrop, H. L., M. D., 1729 Arch Street, Philadelphia.
1891—Norton, Claude R., M. D., 700 N. 40th Street, Philadelphia.
1898—Palen, Gilbert J., M. D., Walnut Lane and Germantown Ave., Philadelphia.
1896—Palmer, Charles R., M. D., West Chester.
1884—Parker, G. W., M. D., 1404 S. 6th Street, Philadelphia.
1883—Parker, T. Elwood, M. D., Woodbury, N. J.
1870—PARSONS, ANSON, M. D., Springboro.
1881—Parsons, E C., M. D., 275 Walnut Street, Meadville.
1897—Paxson, O. H., M. D., 1733 Arch Street, Philadelphia.
1880—PEACH, WILLIAM, M. D., 58 Monterey Street, Allegheny.
1900—Peck, John L., Scranton.
1881—Perkins, C. W., M. D., 403 Broad Street, Chester.
1894—Peters, J. Elwood, M. D., Jenkintown.
1883—Pettengill, Eliza F., M. D., 300 N. 10th Street, Philadelphia.
1901—Pettit, Evelyn S., M. D., New Brighton.
1891—Phillips, Joseph R., M. D., 15 E. 8th Street, Erie.
1897—Piper, R. L., M. D., Tyrone.
1880—PITCAIRN, HUGH, M. D., 206 State Street, Harrisburg.
1895—Pitcairn, R. C., M. D., 5518 Ellsworth Ave., Pittsburg.
1894—Pollock, Martha H., M. D., 210 Pine Street, Harrisburg.
1891—Pond, Edward H., M. D., 2041 Wylie Ave., Pittsburg.
1886—Posey, L. P., M. D., 1435 Walnut Street, Philadelphia.
1896—Powel, Franklin, M. D., Chester.

1883—Powell, W. C., Jr., M. D., Bryn Mawr.
1871—PRATT, TRIMBLE, M. D., Media.
1900—Prizer, E. T., M. D., Lancaster.
1896—Pursell, James P., M. D., Easton.
1901—Ramsey, H. E., M. D., 713 Arch Street, Allegheny.
1897—Raue, C. Sigmund, M. D., 922 N. 15th Street, Philadelphia.
1883—Reading, J. H., M. D., 1811 Green Street, Philadelphia.
1886—Reading, L. W., M. D., 1629 Green Street, Philadelphia.
1888—Reading, Thomas, M. D., Hatboro.
1896—Redman, John L., M. D., 1336 Spruce Street, Philadelphia.
1886—Reeves, Joseph M., M. D., 1525 Spruce Street, Philadelphia.
1896—Ridge, Jonathan T., M. D., 1617 N. 7th Street, Philadelphia.
1878—RINEHART, C. C., M. D., 4637 Centre Ave., Pittsburg.
1894—Rinehart, S. M., M. D., 293 Western Ave., Allegheny.
1895—Roberts, C. W., M. D., Scranton.
1880—ROBSON, J. W., M. D., 350 Winebiddle Ave., Pittsburg.
1883—Rosseau, L. G., M. D., 118 S. Negley Ave., Pittsburg.
1894—Rotzell, W. E., M. D., Narberth.
1888—Sandel, J. H., M. D., 49 Center Ave., Plymouth.
1872—SARTAIN, HARRIET J., M. D., 212 W. Logan Square, Philadelphia.
1901—Sawers, F. C., M. D., Pittsburg.
1896—Schantz, Henry F., M. D., 402 N. 5th Street, Reading.
1892—Schantz, M. Margaret Hassler, M. D., 402 N. 5th Street, Reading.
1874—SCHMUCKER, F. R., M. D., 228 N. 5th Street, Reading.
1883—Schreiner, Emma T., M. D., Cor. Wayne and Maplewood Aves., Germantown, Philadelphia.
1889—Schwenk, C. S., M. D., 1319 Jefferson Street, Philadelphia.
1886—Seibert, W. A., M. D., 43 N. 4th Street, Easton.
1900—Seibert, Walter W., M. D., Easton.

1868—SEIP, C. P., M. D., 636 Penn Ave., Pittsburg.
1889—Shallcross, I. G., M. D., 1631 Arch Street, Philadelphia.
1879—SHANNON, S. F., M. D., 631 16th Street, Denver, Col.
1883—Sharkey, W. P., M. D., 1938 Girard Ave., Philadelphia.
1885—Shellenberger, C. N., M. D., 1831 Wallace Street, Philadelphia.
1892—Shoemaker, D. W., M. D., 1824 Green Street, Philadelphia.
1900—Simmons, C. W., M. D., 1628 N. 18th Street, Philadelphia.
1897—Simmons, S. S., M. D., Susquehanna.
1883—Slough, F. J., M. D., 845 Hamilton Street, Allentown.
1892—Smedley, Charles D., M. D., Wayne.
1889—Smith, George W., M. D., 806 N. Broad Street, Philadelphia.
1887—Smith, Mary E., M. D., 48 E. Diamond Street, Allegheny.
1887—Snader, E. R., M. D., 1919 Arch Street, Philadelphia.
1900—Snyder, E. S., M. D., Lancaster.
1894—Somerville, W. H., M. D., 1214 Hanover Street, Philadelphia.
1896—Spahr, Charles E., M. D., 10 W. Market Street, York.
1889—Spencer, William, M. D., 1820 Chestnut Street, Philadelphia.
1881—Stambach, H. L., M. D., 15 W. Victoria street, Santa Barbara, Cal.
1894—Steele, William G., M. D., 1431 Girard Ave., Philadelphia.
1891—Stephens, W. R., M. D., Wilkinsburg.
1894—Stewart, G. W., M. D., 1728 Chestnut Street, Philadelphia.
1901—Stitzel, J. W., M. D., Hollidaysburg.
1885—Strong, J. Wilmer, M. D., 2049 N. 13th Street, Philadelphia.
1889—Strong, Walter, M. D., 2105 N. 13th Street, Philadelphia.
1896—Sureth, Theodore, M. D., Scranton.
1901—Taylor, Amos O.. M. D., 1415 12th Ave., Altoona.

1881—Thatcher, J. W., M. D., 35th and Hamilton Streets, Philadelphia.
1877—THOMAS, CHARLES MONROE, M. D., 1623 Arch Street, Philadelphia.
1886—Thompson, J. H., M. D., 515 Penn Ave., Pittsburg.
1897—Thompson, J. J., M. D., Carbondale.
1887—Thompson, Landreth W., M. D., 1701 Green Street, Philadelphia.
1898—Thurston, Leon, M. D., Pittsburg.
1886—Tindall, Van R., M. D., 323 Reed Street, Philadelphia.
1891—Tomlin, R. E., M. D., 2057 N. 8th Street, Philadelphia.
1896—Tortat, Albin E., M. D., 3727 Ridge Ave., Philadelphia.
1896—Trites, Charles S., M. D., 4500 Baker Street, Manayunk, Philadelphia.
1901—Tuller, John J., M. D., 1935 Chestnut Street, Philadelphia,
1896—Ulrich, Silvester, M. D., Middletown.
1881—Umstead, D. B., M. D., Tacony, 23d Ward, Philadelphia.
1883—Van Baun, W. W., M. D., 1402 Spruce Street, Philadelphia.
1886—Van Deusen, Edwin H., M. D., 2105 Tioga Street, Philadelphia.
1896—Van Lennep, G. A., M. D., 1615 Chestnut Street, Philadelphia.
1881—Van Lennep, W. B., M. D., 1421 Spruce Street, Philadelphia.
1898—Van Tine, J. Lewis, M. D., 1613 Girard Ave., Philadelphia.
1901—Varner, Anna D., M. D., 616 Wood Street, Wilkinsburg.
1889—Vischer, Carl V., M. D., 1429 Poplar Street, Philadelphia.
1892—Waggoner, G. W., M. D., Corry.
1901—Wallace, H. D., M. D., Allegheny.
1897—Walter, J. A., M. D., Punxsutawny.
1896—Walter, Robert, M. D., Walter's Park.
1894—Ward, J. D., M. D., 806 S. 3d Street, Philadelphia.

1894—Ware, H. B., M. D., Cor. Washington and Linden Streets, Scranton.
1894—Wasserman, Flora E., M. D., 1909 N. Broad Street, Philadelphia.
1894—Waylan, Julia Gould, M. D., 1832 Tioga Street, Philadelphia.
1881—Weaver, Chandler, M. D., Fox Chase, 23d Ward, Philadelphia.
1894—Weaver, H. S., M. D., 1621 Chestnut Street, Philadelphia.
1883—Weaver, W. P., M. D., Bristol.
1894—Webster, Samuel C., M. D., Media.
1901—Welsh, Thomas, M. D., 2414 Carson Street, Pittsburg.
1891—Wesner, M. A., M. D., Houtzdale.
1889—White, Roland T., M. D., 273 Western Ave., Allegheny.
1892—Wilbur, B. K., M. D., Bryn Mawr.
1899—Wilford, H. H., M. D., Bangor.
1866—WILLARD, L. H., M. D., 236 Western Ave., Allegheny.
1870—WILLETS, WILLIAM, M. D., Williamsport.
1873—WILLIAMSON, M. S., M. D., 1311 Arch Street, Philadelphia.
1888—Yocum, C. A., M. D., 365 Chestnut Street, Pottstown.
1896—Youngman, Maurice D., M. D., Atlantic City, N. J.
1894—Ziegenfus, A. Frank, M. D., 1124 Wallace Street, Philadelphia.

Honorary Members.

1883—Allen, H. C., M.D., 5401 Jefferson Street, Hyde Park, Chicago, Ill.
1898—Custis, J. B. Gregg, M. D., 110 E. Capitol Street, Washington, D. C.
1866—Doran, Charles R., M. D., Jacksonville, Fla.
1868—Helmuth, William Tod, M. D., 158 W. 59th Street, New York.
1885—Houghton, Henry C., M. D., 12 W. 39th Street, New York.

1876—Jones, S. A., M. D., Ann Arbor, Mich.
1900—Nash, E. B., M. D., New York.
1868—Paine, H. M., M. D., West Newton, Mass.
1883—Phillips, W. A., M. D., Cleveland, Ohio.
1898—Porter, Eugene H., M. D., 181 W. 73d Street, New York.
1868—Rockwith, F. A., M. D., East Saginaw, Mich.
1892—Williamson, Alonzo P., M. D., Dayton Bldg., 202 Nicollet Ave., Minneapolis.

Corresponding Members.

1873—Alvarez, Paz, M. D., Madrid, Spain.
1900—Burnett, J. C., M. D., London, England.
1873—Chauvet, Fernand, M. D., Tours, France.
1873—Eidherr, Francis, M. D., Vienna, Austria.
1883—Hughes, Richard, M. D., Brighton, England.
1873—Pope, Alfred C., M. D., London, England.

NECROLOGICAL LIST.

1866—Ashton, A. H., M. D., died February 18, 1883.
1866—Barnaby, John E., M. D., died January 5th, 1869.
1867—Barrett, Charles B., M. D., died June 5th, 1871.
1882—Bernard, H., M. D., died ———.
1866—Blakeley, W. James, M. D., died January 14th, 1877.
1884—Boyd, G. S., M. D,, died May 10th, 1901.
1870—Bratt, Benjamin R., M. D., died January 31st, 1872.
1895—Brierly, Frank Walter, M. D., died June 17th, 1899.
1866—Brooks, Silas S., M. D., died July 2d, 1871.
1883—Brown, Samuel, M. D., died March 22d, 1892.
1891—Brown, Wm. K., M. D., died October 3d, 1900.
1885—Buchman, Francis, M. D., died July 14th, 1898.
1883—Burr, Richard, M, D., died March 30th, 1885.
1873—Caruthers, R. E., M. D., died January 3d, 1885.
1868—Charlton, S. T., M. D., died November 9th, 1886.
1863—Childs, William R., M. D., died November 11th, 1888.
1866—Cook, William H., M. D., died March 11th, 1879.
1866—Cooper, John F., M. D., died August 19th, 1899.
1866—Cote, M., M. D., died May 29th, 1878.
1866—Cowley, David, M. D., died October 30th, 1886.
1868—Dake, J. P., M. D. (honorary), died October, 28th, 1894.
1866—Detweiler, Henry, M. D., died April 21st, 1887.
1886—Dowling, John W., M. D. (honorary), died January 14th, 1892,
1871—Dreibelbis, David L., M. D., died March 24th, 1872.
1870—Earhart, Jacob R., M. D., died June 23d, 1891.
1891—Ely, J., M. D., died ———.
1870—Farrington, E. A., M. D., died December 17th, 1885.
1880—Ferson, John L., M. D., died July 12th, 1896.
1866—Freise, Michael, M. D., died February 4th, 1880.
1866—Frost, J. H. P., M. D., died January 21st, 1875.
1889—Gangloff, Charles, M. D., died January 22d, 1898.

1866—Gardiner, Richard, M. D., died March 22d, 1877.
1866—Gause, O. B., M. D., died January 11th, 1895.
1886—Griffith, Jethro J., M. D., died July 5th, 1893.
1877—Grumbeid, William, M. D., died ———
1866—Guernsey, H. N., M. D., died June 27th, 1885.
1870—Guernsey, W. F., M. D., died February 16th, 1877.
1895—Hall, William D., M. D., died August 2d, 1897.
1888—Hawley, S. B., M. D., died March 6th, 1890.
1886—Herron, James A., M. D., died November 15th, 1868.
1866—Hofmann, Herman H., M. D., died April 4th, 1891.
1886—Holcombe, John Randolph, M. D., died December 17th, 1896.
1884—Hosfeld, George, M. D., died November 9th, 1884.
1873—Houard, J. G., M. D., died April 24th, 1878.
1882—Ivins, Horace F., M. D., died January 1st, 1899.
1866—James, David, M. D., died June 6th, 1873.
1866—Jeanes, Jacob, M. D., died December 18th, 1877.
1866—Koch, Augustus W., M. D., died May 4th, 1886.
1889—Lazear, Lyttleton L., M. D., died ———, 1898.
1866—Lee, J. K., M. D., died November 10th, 1887.
1869—Lee, John K., M. D., died May 31st, 1899.
1876—Lilienthal S., M. D. (honorary), died October 3d, 1891.
1867—Lippe, Adolph, M. D., died January 23d, 1888.
1871—Lovejoy, E., M. D. (honorary), died August 15th, 1872,
1868—Malin, George W., M. D., died January 18th, 1883.
1886—Malin, John, M. D., died November 29th, 1889.
1866—Marsden, J. H., M. D., died August 27th, 1883.
1865—Martin, Henry Noah, M. D., died September 1st, 1889.
1881—May, Newton, M. D,, died January 27th, 1889.
1866—McClatchey, R. J., M. D., died January 15th, 1883.
1870—Moore, Thomas, M. D., died March 25th, 1882.
1867—Morgan, John Coleman, M. D., died June 27th, 1899.
1873—Nichol, Thomas, M. D. (corresponding), died June 14th, 1890.
1869—Ostrander, W. M., M. D., died August 23d, 1881.
1868—Payne, Wm. E., M. D. (honorary), died March 9th, 1877.
1878—Pereira, Ignacio, M. D. (corresponding), died April 18th, 1881.

1868—Pfoutz, J. S., M. D., died ———.
1866—Preston, Coates, M. D., died August 9th, 1881.
1868—Pulte, J. H., M. D. (honorary), died February 24th, 1884.
1882—Pursel, J. E., M. D., died March 15th, 1885.
1872—Rankin, John Stephen, M. D., died April 21st, 1899.
1866—Raue, Charles G., M. D., died August 21st, 1896.
1853—Reading, Edward, M. D., died March 7th, 1889.
1866—Reading, John R., M. D., died February 14th, 1866.
1870—Reinhold, H. E., M. D., died March 6th, 1879.
1871—Rittenhouse, S. R., M. D., died June 26th, 1895.
1866—Roberts, R. Ross, M. D., died April 4th, 1875.
1887—Rodes, Joseph, M. D., died ———, 1898.
1866—Rosseau, L. M., M. D., died September 25th, 1882.
1872—Scott, James L., M. D., died August 15th, 1876.
1883—Skeels, James S., M. D., died ———, 1891.
1880—Smedley, Isaac G., M. D., died December 1st, 1899.
1870—Spencer, J. H., M. D., died ———
1872—Speth, W. F., M. D., died May 11th, 1881.
1889—Starr, Pearl, M. D., died July —, 1900.
——— Stauffer, D. R., M. D., died March 16th, 1874.
1867—Stevens, C. A., M. D., died January 17th, 1881.
1868—Talbot, I. Tisdale, M. D. (honorary), died July 2d, 1899.
1870—Taudte, F., M. D., died March 27th, 1878.
1871—Thomas, Amos R., M. D., died October 31st, 1895.
1891—Tindall, Harry Brooks, M. D., died January 9th, 1892.
1882—Trites, W. B., M. D., died January 19th, 1890.
1867—Walker, Mahlon M., M. D., died March 31st, 1896.
1870—Waters, George H., M. D., died ———, 1892.
1880—Way, J. H., M. D., died September 3d, 1887.
1866—Williams, Thomas C., M. D., died October 1st, 1899.
1866—Williamson, Walter M., M. D., died December 19th, 1870.
1866—Williamson, Walter, M. D., died May 5th, 1874.
1848—Wood, James B., M. D., died April 14th, 1889.
1897—Yetter, A. F., M. D., died May 8th, 1898.
1874—Young, J. H., M. D., died June 21st, 1894.
1880—Zerns, Wm. M., M. D., died September 21st, 1887.

MEMBERS AND VISITORS PRESENT AT THE MEETING.

T. L. Adams,
Jno. Arschagouni,
L. T. Ashcraft,
Geo. L. Baier,
A. L. Baker,
J. T. Biddle,
C. F. Bingaman,
A. P. Bowie,
J. S. Boyd,
F. W. Boyer,
F. W. Burlingame,
Jno. C. Calhoun,
T. H. Carmichael,
Millie J. Chapman,
Mary J. Cochran,
W. C. Cook,
Mary A. Cooke,
W. H. Cooper,
B. L. Davis,
S. W. S. Dinsmore,
Jno. A. Douglass,
P. S. Duff,
W. F. Edmundson,
V. S. Gaggin,
W. D. Gates,
I. B. Gilbert,
S. G. Godshall,
J. W. Goodsell,
E. M. Gramm,
R. M. Greno,
J. W. Hassler,
E. H. Hill,
C. H. Hofmann,
J. C. Hornecker,
J. R. Horner,
H. K. Hoy,
Anna Johnston,
Geo. W. Kern,
Aug. Korndœrfer, Sr.,
H. P. Leopold,
A. B. Lichtenwalner,
D. P. Maddux,
W. J. Martin,
J. M. Maurer,
L. E. McBride,
J. C. McCauley,
J. B. McClelland,
J. H. McClelland,
R. W. McClelland,
W. B. McClure,
A. D. McElroy,
R. P. Mercer,
Z. T. Miller,
Thos. Minahan,
S. B. Moon,
J. E. Moore,
G. B. Moreland,
G. A. Mueller,
F. L. Muth,
E. C. Parsons,
J. K. M. Perrine,
R. L. Piper,
E. H. Pond,
W. C. Powell,
C. C. Rinehart,
B. E. Sankey,
F. C. Sawers,
Margaret H. Schantz,
W. A. Seibert,
J. W. Stitzel,
W. B. Van Lennep,
Anna D. Varner,
J. A. Walter,
H. B. Ware,
H. S. Weaver,
Thos. Welsh,
C. J. Wendt.

PAPERS

AND

DISCUSSIONS.

REPORT OF THE
SECTION OF CLINICAL MEDICINE.

Statistics of Typhoid Fever in the Allegheny County for the Past Ten Years, by S. W. S. Dinsmore, M. D.
Ileus, by S. G. A. Brown, M. D.
Who Shall Decide? by W. J. Martin, M. D.
Conclusions After Twenty-five Years, by Z. T. Miller, M. D.
A Homœopathic Physician, by Z. T. Miller, M. D.
Medical Specialism and Generalism, by E. C. Parsons, M. D.
The Preventive Treatment of Hereditary Diseases, by Anna D. Varner, M. D.

STATISTICS OF TYPHOID FEVER IN ALLEGHENY COUNTY FOR PAST TEN YEARS.

S. W. S. Dinsmore, M. D., Sharpsburg.

In trying to sum up the number of cases that have occurred during any set period of time, to be accurate, it would be necessary to have the exact population.

Now, this is almost impossible to do, as the population of a great city is a constantly shifting factor—people come and go, get sick, get well, die and are buried, in fact, all the various stages of life are being gone through constantly—one might say hourly in a great city, and to keep an accurate tab of it would simply be impossible, but the figures that are to follow are taken from the report of the Bureau of Health of the city of Pittsburg, and are supposed to be accurate.

The apparent death rate of any city upon which undue stress is frequently laid, is as much influenced by the estimate of population as it is by the number of deaths.

Now, the nearest factors of figures that can be gotten to cover this table is to put the population of 1890 at about 306,100, but during the length of time that the table runs the population, according to the census of 1900, has increased to 321,616, so you see it is much below the estimated average, both of the press in general and of the Bureau of Health in particular, which estimated that the population would be, by 1901, 368,300.

Now it would seem from those figures that the percentage of cases to the population are much higher than they are actually given, but I do not think that is the case; I think with the ever-shifting population of a city that it has been almost impossible to keep an accurate count either of the population itself or of the number of cases that occurred.

You know it is an old adage that "figures do not lie," but they may be very deceitful. If we are to take the figures of the Board of Health of the city of Pittsburg for the last decade and add to them one more year, 1900, we will come to the conclusion that Pittsburg is one of the most unhealthy of cities, especially in regard to typhoid fever.

It might be of no particular interest to physicians, other than those of the city of Pittsburg, to know in what portion of the city this disease has been most frequently met with, but it is of some interest to every physician to know what month or months of the year have brought us the largest number of reported cases. August, September and October, by a large percentage, the largest number of typhoid fever cases have occurred; the fewest number, January, February and April; though by going over the following table carefully you will find the cases occurred quite regularly; that is, about the same average percentage of cases to the population occurred, year in and year out, leading one to believe that the cause has never been removed, and that it is just as apparent in 1901 as it was in other years; in fact, the year 1901 so far has produced the highest average percentage of cases of any year since the records have been taken, and August, 1901, broke all former records by showing up 333 cases, but the average death rate, I am thankful to say, is becoming gradually less; either the cases themselves are not so severe or they

have had better nursing, or the physicians understand the disease better.

The city of Pittsburg at the present time is expending, for preliminary surveys and bacteriological examinations, large sums of money that are only preparatory to other much larger sums of money in the hope of giving us relatively pure water to drink.

It has been generally conceded, I believe, by the physicians of the city and the laity as well that the germs of disease are in our water, that the Allegheny river from which we draw our supplies for all domestic purposes is simply a great sewer draining a very large water shed on which there are a million residents, and when one thinks of the number of cases that have occurred farther up the valley, and how the dejecta are carried on by the current and pumped into the basins, from these directly into the residences, it does not seem any wonder that typhoid fever should be prevalent in this city.

I presume the condition of our population does not vary greatly from that of other cities, and yet, by a comparison of statistics of other cities of the same class, we find a much larger number of cases occur in Pittsburg than any other city of its size. Various reasons have been given for this. One is that the basins are not sufficiently or frequently flushed, that the water is allowed to settle in the reservoir and become a strainer from which is gathered all manner of disease germs, but at any increased pressure of the water supply is washed directly into the pumps and into the dwellings of our inhabitants.

The city is laying its plans for a filtration plant to cost about $1,800,000, and when one reads over these statistics carefully, and goes farther into the statistics to find the number of inhabitants in their productive years that are laid up anywhere from four to sixteen weeks with this disease, it will be found that even so great a price will be reimbursed to the city in a few years by the labor that is now lost through this sickness. And while the city may only lack in the dollars and cents, there is another and much sadder side. If thirty per cent. of the population are in their productive years the other large percentage are a burden,

care and an expense to their families that money cannot very well compute. Besides many valuable lives have been sacrificed within the last few years, and if at any cost a remedy can be found the money will be well spent.

Years.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
1889	33	34	63	34	35	49	154	238	203	133	100	135	1211
1890	86	157	86	73	85	74	163	190	191	147	170	139	1561
1891	171	82	78	45	36	69	78	169	146	146	56	73	1149
1892	123	104	78	59	121	87	101	188	161	144	93	112	1371
1893	151	54	219	171	193	153	238	419	312	255	160	73	2398
1894	95	63	51	62	47	34	81	201	150	205	98	145	1232
1895	227	116	66	107	94	50	123	228	222	232	148	124	1737
1896	123	120	82	56	74	59	93	213	159	109	131	130	1349
1897	99	64	78	71	70	65	100	178	237	130	103	213	1408
1898	180	196	99	161	111	124	175	233	209	101	127	202	1918
Average	128.8	99.0	90.0	83.9	86.6	76.4	130.6	225.7	199.0	160.2	118.6	134.6	1533.4
1899	160	76	118	197	143	92	210	362	266	218	211	320	2373

Per 100,000	1889	504.6
	1890	650.4
	1891	465.2
	1892	537.6
	1893	908.3
	1894	452.9
	1895	631.6
	1896	477.5
	1897	489.7
	1898	649.4
Average	.....	576.76
1899	.....	775.2

The above table will give you the number of cases that occur each month for the ten years from 1889 to and including 1898, together with the totals and the percentage, with the population based on 321,616, though we find that the calculation at the beginning of this decade must have been far too high; indeed, it is calculated almost up to the population of 1900. And now for the year 1900, with an ascertained population of 321,616, we find by the report the number of cases was 3,342, the death rate was 464, which equaled 13.9 per cent. of the number of cases that were stricken down.

Now, the number of such cases that were residents of the city was 2,952, and the deaths occurring among the resident patients were 387, making a percentage of 13.1. The death rate of non-residents that are included in this 3,342 was 97, making a percentage of 31.8, showing that the foreign population had a very much higher death rate from this disease than the residents; in fact, deaths among residents were only 390, which was a fraction over ten (10) per cent. of the mortality.

ILEUS.

S. G. A. Brown, M. D., Shippensburg.

Strictly speaking, ileus or intestinal obstruction is a surgical disease, but for one reason or another we are at times compelled to treat it on the expectant plan. The condition of the patient may be such that an operation would be extremely hazardous, or the family may object most emphatically to the use of the knife.

Intestinal obstruction is dependent upon a number of pathological conditions, the most frequent cause being strangulation. This is usually the result of recurring attacks of local peritonitis, the attending inflammation causing adhesions of one portion of the bowel to another, or loops of the bowel may be caught in some of the pouches, or diverticula, etc. Of five cases of strangulation coming under my observation four were males.

Intussusception is an invagination of one portion of the bowel into a contiguous portion, resulting in a cylindrical tumor. It is usually found in children, the result of imperfect peristalsis.

Volvulus (of which I have seen but one example) is a twisting of the bowel upon its axis, as a result of a long mesentery. The case here referred to was a single lady 32 years old, the location of the twist being the sigmoid flexure. She had had recurrent attacks which her physician designated as "cramps," which, however, were evidently of the nature of a localized peritonitis. During her last attack she dismissed her former attendant and called me in. I diagnosed volvulus, and with the assistance of two old school physicians operated, thereby confirming the diagnosis. From the manner in which the intestine was twisted, together with the weight of its contents, I doubt if expectant treatment could have corrected the trouble.

Enteroliths may produce temporary obstruction. One case, a lady of 54 years, suffered excruciating pain for three days. Upon calling upon her the third day she said she felt something give away in the abdomen and the pain imme-

diately ceased. At my next visit she informed me there was something extraordinary in her rectum producing much uneasiness. With the aid of a rectal scoop I removed an enterolith, a perfect cube, an inch and a half in diameter and as hard as a stone. Arndt says: "Enteroliths are formed by the deposits of phosphate of lime and magnesia around some foreign body." Following the removal of the enterolith the lady had a very large evacuation and made a speedy recovery.

Diagnosis as to the location of an intestinal obstruction is usually not difficult. Intussusception occurs nearly always in children. The onset is always sudden, vomiting commences early, and there is often tenesmus with bloody evacuations. Strangulation also begins suddenly and is accompanied by excruciating pain. Later we have singultus, voming of fæcal matter and absolute constipation with increasing tympanitis. The distention may be but slight if the obstruction be in the small bowel.

The prognosis is always serious. Because of its tendency to a fatal issue, and because of the success I have had in the management of my last two cases, I have written this paper.

Treatment. We should endeavor as much as possible to maintain the patient's strength. Easily assimilated food which results in but little residue should be administered at regular intervals. Some authors recommend mild laxatives, but I believe they do more harm than good. Purgatives are undoubtedly contra-indicated in affections of this kind. Better use a high enema of warm olive oil with patient in knee-chest position. The abdomen can be carefully kneaded at the time. Lavage of the stomach should always be persisted in, as it relieves the nausea, stimulates peristalsis and possibly relieves distention. I have had no experience with electricity in this particular affection. Hot water cloths sprinkled with turpentine and laid on the abdomen are very soothing.

Intestinal medication: Nux vomica, Colocynthis, Arsenic, or Terebinthina may be given according to symptomatic indications. Atropine, however, has done more for me than any other remedy. It has been asserted that the adynamic

form of ileus is due to a paralysis of the motor fibres of the sphlanchnic nerve, while the dynamic variety is due to an activity of the inhibitory nerve fibres. Now the underlying idea is to overcome the spasmodic condition of the intestinal musculature and thus relieve the obstruction.

Atropine, as we know, acts as an irritant to the entire nervous system, producing a general hyperæsthesia of both motor and sensory nerves. As a result, involuntary muscles become paralyzed and sphincters become relaxed. Among its symptoms are nausea, burning in stomach, colic with painfully distended abdomen sensitive to touch, violent cutting pressure in abdomen, pressing and urging in rectum, violent palpitation of the heart, cold limbs, hot head.

Of the two cases in which I prescribed Atropine (both ot whom recovered) I will present but one as the second is practically a repetition of the first. Mr. N., æt. 76, has been subject for the last five years to recurring attacks of severe abdominal pain. I never saw him in any of these attacks, usually sending him Nux vomica θ, which invariably gave relief; later giving him a mild laxative to overcome the constipation, which I attributed to the action of the Nux. On April 25th of this year he had another attack. I sent him Nux as usual, but not getting relief I was called in on May 1st to see him. Why I was not called sooner I do not know. Found him very weak, pulse 108, intermittent, fever 101° Fahr.; had passed neither stool nor flatus since April 25th. Inspection, palpitation and percussion led me to believe that I was dealing with a case of strangulation of the colon at some point or other. Prescribed Colocynthis and gave a high enema of warm olive oil and saline solution with no effect. Ordered flannels wrung out of hot water and sprinkled with turpentine to be placed over the abdomen. Matters kept growing worse, however; he began vomiting, first of a watery nature, then stercoraceous matter; the abdomen became frightfully distended; singultus made its appearance; suffered great pain; had dyspnea and intense thirst. On May 5th I washed out the stomach to relieve the nausea, and gave a hypodermic injection of Atropine sulphate $\frac{1}{50}$ grain, and left four powders of the same, each containing $\frac{1}{75}$ grain, directing that a powder be given every

four hours until the bowels were moved. Upon my arrival next morning I found the patient resting quietly, having had a large evacuation accompanied by an enormous amount of flatus. The singultus and vomiting had ceased, and the distended abdomen was considerably reduced in size. The patient continued to improve and made an uneventful recovery. This patient took nearly $\frac{1}{13}$ grain Atropine sulphate in sixteen hours, yet no deleterious results were exhibited.

I am aware that two swallows do not make a summer, but when such men as Drs. Batsch, Seber, Festner, Schulmann and Ostermaier have recorded similar experiences I am led to believe that we may entertain some hopes at least of having in our possession a remedy that will rob obstruction of the bowels of many of its terrors and save ourselves many moments of anxiety. I would here remark, however, be *sure* to diagnose your case correctly, as, I believe, should you prescribe Atropine in a case of volvulus with adhesions you would probably kill your patient.

WHO SHALL DECIDE?

W. J. Martin, M. D., Pittsburg.

At the present time the medical profession is, and for the last half dozen or so years has been, sharply divided on two questions, viz.: The antitoxin treatment of diphtheria and the surgical treatment of appendicitis. While I know of no way of determining positively which side is gaining in adherents, yet I think the signs are that antitoxin and surgery are gaining converts. At least believers in antitoxin and surgery seem to feel themselves called upon with very great frequency to advance very strenuously their position by speeches and papers in medical meetings, articles in medical magazines, and also and very largely in the daily newspapers. About the newspapers—several years ago I took charge of a case of appendicitis which two very reputable physicians had declared could only be saved by an operation. Under my treatment he got well without an operation. A very intelligent lady residing in the neighborhood

asked me one day how the boy was getting along. On my telling her that he was about well, she said: "And so he did not have appendicitis at all, didn't he?" "Yes," I said, "he did, and a very severe attack." "Why," she said, "I understood that nothing but a surgical operation would cure appendicitis." "And how did you get that idea?" "Oh, from the papers. I have read articles to that effect many times in the newspapers," she said. When one reads such articles as that by Dr. Roberts on appendicitis, published in the *Hahnemannian Monthly* some months ago, and more recently in the same journal for September, by Dr. T. L. Chase, a criticism of Dr. Bullard's paper on the medical treatment of appendicitis which (Dr. B's. paper) appeared in the August number of the *Hahnemannian Monthly;* when, I say, one reads such papers as these he is almost persuaded to do as they say should be done, that is, to have every case operated that does not get better or begin to get better within twenty-four hours of onset. And yet after reading and rereading the "criticism," and making up my mind that I must quit trifling with human life by continuing to treat appendicitis medically, I am almost immediately called to a case within twenty-four hours of its onset, the patient being away from home when taken, returning as fast as possible, and I was called immediately upon her arrival. The patient, a young lady of eighteen years and an only child, had never in her life been in the care of any physician but myself. The occasion seemed critical and I had to decide whether I would advise an operation at once (as the case was twenty-four hours old), as recommended by Roberts and by Chase, or go to work as I always had done and prescribe as nearly as I was able to prescribe the homœopathic remedy. I decided to do the latter for twenty-four hours anyway, supplemented by copious saline enemata to thoroughly unload the lower bowel. The remedy was Arsenicum 12. She had no treatment before arriving home other than hot water bag, as there was no physician at the place where she was visiting, which perhaps was fortunate for her. When the first twenty-four hours of my treatment were up the patient was much better, and continued to get better steadily. I was first called September

8th; to-day, September 21st, I met her on the street. Would it have been any better than this if I had had the case operated? So who shall decide how we shall treat our cases? I can see no way but for each according to his own experience, observation, reason, and judgment to decide for himself. My own experience has been that appendicitis can be cured as surely and as promptly by the proper homœopathic remedies as any other disease, and much more so than some diseases. And notwithstanding this, my own experience, I almost decided to have this, my last case, subjected to surgical operation; for if I had said it she would not have objected nor the family, reposing as they do all confidence in me. I was near to being persuaded from a course that I had found to never yet fail me by the arguments and experiences of others. For be it known that in a full round practice covering a period of over (25) twenty-five years I have never had a case of appendicitis operated, and I have never lost a case by death, and I have treated all my cases to a finish with a single exception, a girl whom I quit attending because of the improper conduct of some of her family. She passed into the care of as good a homœopathist as I am and recovered, and I know that she was not knifed. Be this luck, or be it chance I do not know, but I do know it is the truth. I am not an opponent of surgical treatment in appendicitis, but so far I have gotten along without it and gotten along very well; but I shall always stand ready to call the surgeon, but will not call him until I see I am failing and not upon the *ipse dixit* of some one else who says, or almost says, treat all cases surgically. To do as I do requires one to possess the courage of his convictions, for the majority of the profession and perhaps the majority of intelligent people would be apt to severely censure a physician who should have a case of appendicitis die without operation or with a too late operation. But are majorities always right? Certainly not always. Does the past prove that the consensus of the medical profession has always been right? Has not the consensus of the medical profession in the past been nearly always wrong? And while we do not make much fuss or gain much applause by thus curing our appendicitis cases, it is always a great sat-

isfaction to me to thus add one more to my trophies of homœopathic success; and as our esteemed fellow-member, Dr. Bullard, of Wilkes-Barre, says in his magnificiently loyal article in the August *Hahnemannian Monthly*, on the "Medical Treatment of Appendicitis": "To the physician who is willing to prescribe for his cases of appendicitis as did the men who founded the homœopathic school, to the doctor who will carefully individualize each case and give the indicated remedy success is sure; and while fame and fortune come slow to such quiet workers, and the great world passes them by as mere plodders, they are, notwithstanding all this, the strength and safety of their patients. Now to successfully treat appendicitis with homœopathic remedies the physician must necessarily be a homœpath, and while many are masquerading under the name, for commercial or selfish reasons, the real article is fast dying out and the species bids fair to be soon classed with the dodo and great auk."

In the June number of the *Hahnemannian Monthly* I read and have reread an article on the "Antitoxin Treatment of Diphtheria," by our distinguished fellow-member, Dr. Goodno, of Philadelphia, and again was I almost persuaded to depart from the faith of the fathers of our school and to treat, as the writer advises, all diphtheria cases with antitoxin, and this temptation to depart from the true faith was sorely increased on reading a report of 2,093 cases of diphtheria treated at the Boston City Hospital by antitoxin, wherein the claim is made that the mortality has fallen from 45 per cent. to 12 per cent. by the use of the antitoxin. An addition is made to the report, presumably by the *Hahnemannian Monthly*, to the effect that "the profession is coming to use antitoxin in larger doses and oftener, the danger seeming to lie in delay and using too small doses." Then I thought that I must quit jeopardizing the lives of my diphtheria patients by continuing to treat each case with the remedy indicated for it, and take to curing all—except perhaps 12 per cent.—by giving them all antitoxin treatment. But I did not do it, and the very first case I was called to I gave Lachesis and cured, and the next case, the mother of the first case, and sick at the same time

with the same disease, I gave Lycop. and cured her. And that is the way it goes; I do not seem to need any better form of treatment than that which I have always practised. On September 19th, in the afternoon, I was called to a family; found four children with diphtheria, and one more has since been added to the list, making five cases at one time in one family, ranging in age from 2 to 18 years. The 2-year-old babe was the worst case of the lot; entire fauces swollen and covered by membrane; membrane in both nostrils and some on lips, also on a finger which the child had the habit of sucking; very offensive breath, profuse ptyalism and profuse acrid discharge from nose corroding the skin wherever it came in contact. All four children were about the same as this one, but not quite so bad. I had no antitoxin with me; it would consume valuable time to get it; but I had Nitric acid 6, which I think all who hear me will agree was what used to be indicated in a case of diphtheria of this kind, so Nitric acid 6, ten drops in a goblet of water, was my prescription, a teaspoonful to be given to each of the children every two hours, nothing more. Next morning I went to the house with the determination to advise and urge antitoxin; but when I saw the children I could see no use for doing so, for all were improved, and so I continued the homœopathic treatment, Nitric acid 6. Two of the five are now, on the fifth day of treatment, entirely well, and the others are nearly so. Such results satisfy me and satisfy my patients, and I for one am not in favor of our striking our colors when we "don't have to." I am an intense believer in loyalty. I am not an opponent of the use of antitoxin. Let those use it who wish to, but please do not say there is no other way. In the past three years I have used antitoxin three times; three times in three years did I strike my colors; one of the three times I now believe unnecessarily. Now, again we come to the question, Who shall decide? And again, I answer that I can see but one right way, and that is for each one, according to the light that is in him, and his experience and observation and his faith in the truth of Similia Similibus Curantur, must decide for himself.

DISCUSSION.

Dr. F. W. Burlingame: I believe, to quote an expression I have used before, that Homœopathy plus antitoxin is a very good thing. Several years ago I read an article before the County Society here on the use of antitoxin, and at that time the article was very severely criticised, or the use of the antitoxin was very severely criticised by the members. But I would now consider myself criminally negligent should I lose a case of diphtheria without having used the antitoxin, as I have had such marked success with it. At the same time I depend on homœopathic remedies. Sometime after reading that article before the County Society I had a case of diphtheria—not a very severe one—and the family, who had lost a child by diphtheria before, laid the blame at the door of the physician for not calling in counsel. They suggested that I have counsel, and so I 'phoned down to Pittsburg for my friend, Dr. Martin. Dr. Martin, by the way, had scoffed at me at the time I read my article on antitoxin, but he came up very promptly to see me, looked the case over and suggested that we give Lycopodium. I said: "The child is taking that." "Then," he said, "If I were in your place, I would use antitoxin." "Well," I said, "I didn't wait for you before using antitoxin, I have already used it." "I cannot suggest anything else," said he. He used it one or two or three times. He calls it "striking his colors." I do not see anything unhomœopathic in the use of antitoxin in diphtheria.

Dr. W. J. Martin: I would say, like some of the distinguished witnesses in the Schley trial: "I have no recollection of such a conversation!"

Dr. W. F. Edmundson: I have had some little experience in the treatment of diphtheria with antitoxin. I believe, with Dr. Martin, that better results can be accomplished with *similia*, that is, with the true remedy if we can find it. But very often we are confronted with cases for which we are unable to discover the similia, and when the cases are brought in for treatment at such a time there is no time to be lost that is, if we miss prescribing correctly we have not the time to go back and correct that mistake.

Now, in cases where the patient is thoroughly poisoned, and the disease has already commenced to invade the larynx and trachea, which was the state of affairs in the seven cases in which I have used it—in all these seven cases I succeeded in doing what I never did before, not because Homœopathy was at fault, but because I was at fault in getting the similia—I saved them all. In years gone by before we made microscopic examinations (and one day you can tell diphtheria by that means and another day you cannot) we could not be positive of the diagnosis. They may not have been diphtheria, we do not know. But I believe antitoxin has a true place in the treatment of diphtheria. I do not think it is lowering our standard as homœopaths to prescribe it. In the treatment of cases in which it is not clearly necessary to use antitoxin, I have never used it, but in the seven cases mentioned it was employed without a single failure, and my colleague here, Dr. Moreland, can bear me out in the statement that they were no trifling cases.

Dr. E. C. Parsons: In my own town, where it has been used and used in large doses, physicians are losing their cases under the use of antitoxin; when they are not losing their cases many of them are having very serious after-results. I think there is an increased number of cases where there is a tendency to heart weakness and other serious complications, which we do not get under the use of the homœopathic remedy. I think it has been acknowledged that under antitoxin the mortality is ten per cent. There is more than one homœopathic physician in the State of Pennsylvania who can boast of a better rate of mortality than that in epidemics of diphtheria. I reported cases several years ago with a less death rate than ten per cent. They were all well marked cases every one of them; they had the well marked indications of the deposit in the throat, many of them in the nose, and in those thirty-eight cases reported every one had all the indications of diphtheria. It was epidemic in the town where members of the allopathic school were losing from twenty to fifty per cent. I think when we can reduce the rate of mortality ten per cent. under homœopathic medication, and you can do no better than that with

antitoxin with the possibility of serious complications following cases that do survive, it becomes us as homœopathic physicians to stand by our colors.

Dr. A. P. Bowie: There was one expression made here this evening by Dr. Burlingame that never sounds well to me, and it has been used in connection with other things, that is, he considers a physician criminally negligent who will not use antitoxin.

Dr. Burlingame: I beg your pardon; I said "I" would be.

Dr. A. P. Bowie: I think it would be just as criminally negligent not to use the proper homœopathic remedy in the case of diphtheria as it would not to use antitoxin. Now the success of the old school in the use of antitoxin is no criterion for the homœopath. I believe that they have gained by the use of antitoxin; I believe that they have benefited by it; I think they have had a lesson from it since they have used antitoxin, because they have done away with carrying their harsher methods formerly practiced. For instance, the local treatment in the throat. At one time there was a local treatment in the throat that was the very thing to produce auto-intoxication, which is the term used nowadays. Diphtheria is a disease in which I consider that the poison is thrown out of the system into the throat. I think that the disturbing of that membrane there, interfering with it, denuding the parts of your membrane there often has led to dire results in the treatment. I think when the old school of medicine did away with that kind of treatment and relied upon the other they were the gainers. But I cannot say we are the gainers, because our experience heretofore has been favorable, and are we to throw that away? Are we to say we have not done as we said we have and that this is so much better? I can understand that there are desperate cases where this remedy should be used, but I think that if we can get our cases in the early stage and treat them with our remedies we will have as good success, if not better, than with the use of the antitoxin. You all know that antitoxin is recommended to be used in the early stages, and sometimes the early stages of throat disease are not very clearly defined, and we may

think we cure diphtheria either by the remedy or antitoxin when we have not done so at all.

CONCLUSIONS AFTER TWENTY-FIVE YEARS.

Z. T. Miller, M. D., Pittsburg.

Twenty-five years' practice does not always render a man competent to draw conclusions. He may have the practice, the other fellow the experience, and one of the funniest things in the world would be the conclusions of both to contrast. What the doctor thinks of it and what the victim thinks of it I trow are two different things, and yet the eagerness with which the victim seeks to be victimized grows greater, surely not less.

The power to draw logical conclusions from familiar premises is not asserted emphatically, incontrovertibly, but conclusions that are acceptable to one man at least are here set forth. A conclusion is the final formulation of deductions resulting from the examination of facts suggested by theory. As regards homœopathic Materia Medica any one can who will draw conclusions. The *stated* facts are unmistakably announced. They are to be examined as to method; they are to be tested as to use; they are to be watched as to results. Now if, after this inquiry, the results are as set forth in the theory, then a conclusion is arrived at.

Twenty-five years of such inquiry should be sufficient to prove or disprove *absolutely* whether we follow a fantasy or float a fact. *I am unalterably convinced that the latter is true.* The first conclusion that "Homœopathy is based upon natural law" you would not thank me to debate. The existence of this Society gives a verdict without leaving the box. Charges to juries by some would-be judges have muddled the minds of some who have an honest desire to arrive at the facts, and we can veto the charge only by appeal to higher court. Some do not care to take the time and trouble to appeal, hence as the cock crows the hen cackles.

Nor can the self-appreciation of some men be curtailed

who believe honestly that their judgment with regard to terrestrial things, medicine in particular, is as good as any man's, whether he be dead, living, or yet to be born. If such self-appreciation edicts a combination tablet of Rhus, Bryonia and Colchicum for rheumatism, and the practitioner accepts the edict and commits "hari kari" on account of it, he will hardly formulate a conclusion that Homœopathy is based upon natural law but rather upon the pronunciamatum of some modern "*Pooh Bah*" hereinbefore described. The responsibility is alike with both "Pooh Bah" and the confiding practitioner, and the responsibility is indeed great. It is greater certainly than either appreciate or they would not combat a system that rests upon the research and exhaustive confirmatory experimentation recorded in the Organon, Materia Medica Pura and Chronic Diseases.

The Second Conclusion.—The single remedy at all times is the only rational and consistent prescription.

As practitioners—men who visit the bedside come in actual contact with the sick—we are, of necessity, principally intermediaries. We are pleased to call ourselves homœopathic intermediaries, that is, we stood as mediums of transmission between the discoverer of the system practiced, the parmacy on one side and the patient on the other. Our efficiency depends upon the thoroughness of our qualifications and our willingness to carry out the precepts of the system. It does not appear that there is the least room for the interpolation of milleropathy, or any other kind of pathy, for nowhere does the record say that two remedies are sufficiently alike or so closely related that they may be given at the same time. To be sure, no one can apply the intricacies of materia medica to the intricacies of disease unless a very considerable knowledge of both can be confessed. I am compelled to admit a very limited acquaintance with both as compared with the aggregate sum of both, even after twenty-five years of fairly honest endeavor. And certainly do I *not* know when I may give two remedies and feel a reasonable assurance that I have done the right thing. It's a thundering perplexing thing most times to give the right *one;* to give the right *two* seems quite beyond the

virtues of consistency. While we all know that the majority of the ills we treat are trifling, recover themselves under the exercise of abstemiousness, there is, therefore, less excuse for juggling a multiplicity of drugs when the effect of such legerdemain is quite dubious. But when serious business is on hand and a little *assistance* now and then determines the recovery or otherwise of the afflicted, that assistance must not be predicated on the slothful habit of addition and multiplication, but rather upon the most careful estimate and precision in application. I need not dwell upon the how, you *know* it.

Third.—The potency of the drug administered, a question seemingly, as yet, unsettled, is the one that to my mind adjusts itself. Waste time, *not* on the *dilution*, but upon the *selection* of the remedy; being sure of the right choice give it in whatever potency you please. Being the right remedy it cannot be discarded for another; hence the only thing, if satisfactory results are not reached, is to change the potency, and if we are observant as we should be it will not take long for us to settle the potency question to our individual liking. No man can settle the question who uses combination tablets or alternates. That practice will *forever* prevent its solution; not only that, it robs medical practice of the possible attainment of its subtlest refinement.

An apt illustration of where potency settles itself occurred during the last days of my last year's service in the hospital. One William, an employe of the hospital, was suffering from enlargement of the liver and accompanying dropsy. I prescribed Chelid. 200x, the train of symptoms calling for it. The day my services ended, William getting no better, I gave an unfavorable prognosis. Dr. C. C. Rinehart followed me and gave William five-drop doses of Chelid. tincture, and William got well, is now on duty in the hospital. In this case the remedy chosen was right, the *potency* wrong. The conclusion then is that the *right remedy* is the paramount consideration, the *potency* of the remedy a matter for adjustment in each individual case. I must say, however, that my usual practice is to sound the case with the 200th.

Physical diagnosis holds a position in dispute, once given the vanguard of position, again the rearguard. As an accomplishment it should be acquired and given whatever position and weight the individual practitioner thinks it deserves. If one feels that a prescription cannot be made until a physical diagnosis has been arrived at, no particular objection need be raised. Upon the other hand, the paramount importance of physical diagnosis cannot be maintained, since in a very large proportion of cases such diagnosis cannot be made with sufficient accuracy to make it the basis of treatment. I speak from a homœopathic standpoint. For the purposes of the aforesaid accomplishment I would be delighted to be able to tell why the profuse sweat on one person's feet is warm or cold, fetid or otherwise; why the vertex is cold in one case and hot in another. These phenomena may be accounted for by the neurologist, but I fail to see the necessity for the pathology when the fact symptomatically gathered in the processes of proving enable us to cure, almost certainly, either of the health deviations.

A young medical student assured me that medicine was nothing but a good sized bluff. This young man's education had been conducted in an institution where physical diagnosis was an all important factor, where homœopathic materia medica was a casual reference and massive specifics were the first in rank. Just why he came to such a conclusion I cannot say. Perhaps it was because of the frequent change of diagnosis in the same case, or the widely differing opinions of famous men viewing the same subject. Perhaps the most ridiculous situation a man finds himself in is when he diagnoses a case of measles, then scarlet fever, then diphtheria. The man is not to blame, other than that he has taught people to want to know what is the matter, and that disease cannot be treated till that very important information is gained. Diagnosis is the totality of the symptoms irrespective of classified nomenclature.

About the use of high potencies. It is claimed by many pronounced adherents of Homœopathy that the high potencies are a delusion. I may say truly that the majority of practitioners of our school do not, would not, use them.

We are compelled to admit that drugs do modify functions, produce organic changes, and have elective affinities for certain parts of the human organism. I need not argue this point; it is admitted everywhere, because it is susceptible of absolute proof. Supplement that fact by an avowed acceptance of the law of similars and we have two potent factors in the fabric of Homœopathy. Three factors are requisite, drug influence, law and application. If the first two are true, and if there has ever been a cure wrought in accordance with them, then the third factor is as firmly established. As remarked before, the potency question settles itself. If, however, a cure is brought about by the cm. potency, or, if you please, after the cm. has been administered a patient recovers his health, we must arrive at one of three conclusions, either it was a spontaneous recovery, the medicine cured, or a number of new fangled psychics are based upon fact.

The Safe Side.—The high potency homœopath is on the safe side in any event. If spontaneous cures result, he has thrown as little obstruction in the way of that desirable denouement as possible. If he has indeed cured then he has accomplished results in the mildest manner, which is the duty of the physician. If the psychic phenomena have played a part, if suggestion, expectancy, or what not has been the agency, he is still right, may be unwittingly. He has suggested a result, the patient believed, a cure followed, while he gave and got the sugar. Of course a delirious subject or a senseless child would not come within the sphere of suggestion knowingly, unless the delirium and baby prattle or screaming is the sub-conscious self manifesting itself. Even then he is safest in giving a little homœopathic medicine according to indications.

After carefully looking over the field, viewing it from whatever quarter, I am convinced that straight Homœopathy meets all the requirements of well-conducted medical practice.

A HOMŒOPATHIC PHYSICIAN.

Z. T. Miller, M. D., Pittsburg.

A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right. At last we are placed squarely before the world. Of course the world has actually supposed that having graduated from colleges that have the legends "Hahnemann," "Homœopathic," etc., over the portals, we are physicians who add an especial knowledge of homœopathic therapeutics to our general knowledge of medicine. They had additional cause for the supposition for the reason that not a few announce themselves on their signs, printing, etc., as homœopaths, make use of a special knowledge of a certain kind of therapeutics known as homœopathic.

Now Homœopathy means the treatment of disease according to the law of Similia Similibus Curantur, or Curentur, if you will. The source from which this system emanated declares that it is the only way to treat diseases, and is capable of curing all curable complaints. The definition explicitly says that we add a *special* knowledge of such therapeutics to our knowledge of medicine. I take it that the reason we add this special knowledge is because there is none better. We confess several other systems of therapeutics exist, but we take especial pains to add this special knowledge, and by this addition are known as homœopathic physicians. We rather like the definition. We are pleased that the American Institute of Homœopathy has adopted the formula so unanimously. We have from it a declaration that its members possess the special knowledge, use the special knowledge, and are therefore to be known as homœopathic physicians. We are pleased because it has removed from our minds a suspicion that the homœopathic remedy was largely discredited. Travelling salesmen for various manufacturing pharmaceutists have assured us that they place large quantities of their wares with homœo-

paths, who make constant use of them. Our own Simon Pure pharmacies have on sale much that can hardly be classed as homœopathic therapeutics; in fact, it is not claimed that they are homœopathic remedies, yet they are in stock and are sold to homœopathic physicians. The demand is for them and it is supplied. All this will be changed now. The special knowledge of homœopathic therapeutics, which we and the Institute publicly declare we have added to our knowledge of medicine, will render the use of any other unnecessary; therefore, we are entitled to be called homœopathic physicians.

There is one obscure thing in the definition. What is meant by *medicine* as separate and apart from homœopathic therapeutics? I judge it medicine is something different from homœopathic therapeutics, for the reason that it is one thing that is to be added to another. Does medicine include allopathy, eclecticism, hydropathy, isopathy, serum therapy inoculations and what not? Is it a knowledge of these things to which a special knowledge of homœopathic therapeutics is added in order to be a homœopathic physician? It cannot mean surgery or obstetrics. They are mechanical proceedings and are distinctly classified. Medicine does not mean cutting or mechanical force, it means the internal use of drugs for physiological or dynamic purposes. We must conclude, therefore, that medicine means the administration of drugs according to any forceful notion, to a knowledge of which a special knowledge of homœopathic therapeutics is to be added in order to be a homœopathic physician. If I interpret this meaning right, and I stand ready to be corrected and forgiven for error, then I fear Dr. Porter has unwittingly read many of us out of church, snatched our keel from under us and torn our sails to tatters. For the rest of you I will not make bold to speak, but for myself I am *compelled* to say (my interpretation being correct) that I am not a homœopathic physician within the meaning of the definition. I did not take a course in an allopathic college, and cannot therefore claim a knowledge of that medicine, nor was it taught in the college from which I graduated. I never attended an eclectic college, nor have I acquired a familiarity with hydropathy,

serum therapy, Kochism, isopathy, and what not, sufficient to affirm that I have a knowledge of either. None of these isms were taught in the college from which I graduated, but homœopathic therapeutics were taught from every chair, and I was graduated as a homœopathic physician and hold a diploma bearing the legend, "Collegii Medici Hahnemann," a skin I hug because acquired by the hide of my teeth. I therefore have no knowledge, at least not sufficient knowledge of medicine, to which I may add the special knowledge ("heaven save the mark") of homœopathic therapeutics, to declare myself a homœopathic physician. Then where and what in the thunder am I? Has Doctor Porter or any other graduate from a so-called homœopathic college a knowledge of medicine to which he has added an especial knowledge of homœopathic therapeutics sufficient to enable him to intelligently decide when medicine is to be used instead of homœopathic therapeutics; if so, then we will grant they are homœopathic physicians within the meaning and scope of the definition.

Now what does that claim mean? A knowledge of medicine, or therapeutic appliances outside the homœopathic, means acquaintance with the use of every new-fangled, old-fangled, damn-fangled thing that is cast upon us by the representatives, and by us cast mostly into the waste basket. By the rules of evidence upon which their recommendation is based we are bound to use them because they have cured; at least voluminous literature written by men who practice medicine, without a specialty to the side, say so. To keep pace with that march of progress, know how to juggle the lightning changes of such a continuous performance may be within the capabilities of the men defined, but I'm not in it.

But that's only half the knowledge necessary to be a homœopathic physician. Then comes that stupendous mass of which we talk so much, know so little, and credit less. Twelve large volumes record the positive effects of drugs upon the human organism. Thousands upon thousands of symptoms, no two exactly alike in every particular, stand there easy of access, comprehensive and comprehensible, a working knowledge of that mass, from general to particu-

lar, from similarity to differentiation, is what constitutes a special knowledge of homœopathic therapeutics. Who can boast of that knowledge in its entirety? Did the man who originated that definition realize the depth and breadth of accomplishment implied, and if he did, does he possess it? I'm willing to admit that he knows everything in the homœopathic materia medica; at the same time I must marvel that, knowing it, he should still find it necessary to hook it in with a blind, deaf, spavined, mangy beast that kicks over the traces every time he is hitched.

Much stress is laid upon the *right* by tradition and inheritance to *all* that pertains to medicine. Well, no one will dispute that; but must a man, to practice the precepts of the golden rule, have a knowledge of total depravity and infant damnation in order to succeed?

A few weeks ago I saw a child whose physician (a man who had a knowledge of medicine to which he did not add a special knowledge of homœopathic therapeutics) had declared was suffering from scarlet fever; a red sign upon the house also proclaimed as much. A culture was, however, made of the throat, whereupon the Board of Health declared it was a case of diphtheria and not scarlet fever. The treatment was simplified. Antitoxin to the amount of eighteen bottles was injected into that six-year-old child's back. Abscesses and ulcerations resulted. Strychnia $\frac{1}{60}$ of a grain per dose was poured down the struggling child's throat every few hours. Every breath the child took was heavily laden with the fumes of carbolic acid that had been sprinkled about the room as a flank movement on the demnition bacilli that were working havoc within. The direct attack of the toxine and strychnia was reinforced by quinine and digestive tablets, besides stimulants, peptonoids, etc. When I saw her, although but semi-conscious, she immediately became restless, fearful, refused to take anything from a spoon, spitting my tasteless medicines out of her mouth and shrinking from me because she was afraid that I, too, was going to give her *medicine*. The child died.

Does any sane man want to associate a knowledge of such total depravity and infant damnation with the golden rule of homœopathic therapeutics? Does any man want to bedraggle the skirts of homœopathic therapeutic purity in

the slums of such prostitution in order to be a homœopathic physician? Who wants to claim a natural right to, much less inherit such rot, and who would not scorn a tradition that had for its basis a conglomeration so gloriously unscientific or unnatural?

I have nowhere seen given a good reason for perpetrating this definition. The school was not degenerating numerically, the educational standing of its confessed adherents was not deteriorating, nor is it presumed that the promulgation will change in the least the practical benefit of any of its followers. A man who *wants* to combine medicine and homœopathic therapeutics will do it; if he *wants* to play medicine to-day and his specialty to-morrow, he will continue the game, and still pose as a homœopath, although he be Jekyll now and Hyde then. Much in approval of the definition has appeared in the *North American Journal of Homœopathy*, yet any one taking the time to wade through that correspondence will see there is much objection, too. Cowperthewaite defines a homœopathic physician as one that has a knowledge of and a belief in the principles of Homœopathy, and who practices his profession in accordance with that knowledge and belief. He also says no one should question the right of every physician to employ palliative physiological, mechanical or surgical means where the exigencies of the case demand, but when a physician allows these measures to become the rule of his practice rather than the exception, and who rarely employs homœopathic measures, he has no right to the title of homœopathic physician, even though he may be a graduate of a homœopathic college.

Now that's pretty stiff language, and were it inevitable law the combination tablet, the mild laxative, the soothing salve makers would drop dead. Deschere says: "One who practices strictly in accord with homœopathic therapeutics is a homœopathic physician." The only physician in Pittsburg called upon to express an opinion—Dr. J. H. McClelland—has this to say: "While it is true that homœopathic practitioners have every right to make use of every means successfully employed against disease, they, nevertheless, should not lightly value the incomparable system of therapeutics based on the famous generalizations of Samuel

Hahnemann. There is such a thing as selling one's birthright for a mess of pottage."

The inference to be drawn from either of these statements is that there are homœopathic physicians who do not always make use of what Dr. McClelland calls an "incomparable system of therapeutics." A second inference is that the definition is intended to legitimize practice that is at variance with the principles of Homœopathy and is calculated to do it irreparable harm. Such expressions inculcate feelings of mistrust in the men who are preparing to succeed us. They do not inspire a confidence and kindle a determination to add the might of effort to extending the scope and application of the only method and means founded upon law. Their influence is retrograde, they stimulate a conduct that invites the ridicule of the regular and makes the positive untenable save as it is shielded by the name Homœopathy, coupled with an ability to deceive. A single truth may buoy and float a raft of fraud, and just as sure as the old man's head is sinking lower on his bosom and his arms have fallen helpless to his side just so sure will Homœopathy, as a system, be a thing as the past, unless a halt is called upon those who forever pull down and never build up.

MEDICAL SPECIALISM AND GENERALISM.

E. C. Parsons, M. D., Meadville.

"Specialisms, doubtless, like other good things, are liable to abuse."—Cobbold.

It is not the purpose, in the preparation of this paper, to decry, nor to underrate the value of special study of any particular branch of the medical curriculum. Individual taste and adaptation, supplemented by years of study and rare advantages, have contributed to the development of exceptional knowledge and skill in the various special departments of the healing art, as well as to material progress in medicine and surgery.

This is an age of specialists, and a man is wise who finds his specialty and develops it on a broad and scientific basis. Indeed the enthusiasm for specialization is pervad-

ing the medical profession everywhere as never before; and a credulous public are responsive to the many pretentious claimants of special skill and acquirements by demonstrations of admiration which would put to shame the hero worship of Grecian and Roman mythology. There seems to be an apparent growing tendency to over-specialization on irrational lines of thought and fanatical methods of practice as well as on those which are rational and scientific.

There are, just now, before the public a large number of very interesting specialists, both in belief and practice.

Conspicuous among these may be mentioned Professor Herron, who calls himself a "Christian Socialist," and contends that the marriage system now in general use is bad, and that the family, founded on force, is a survival of slavery. Destructive as are such views to character, to the home and to society, when reduced to practice the wonder is that the adherents to a like faith and conduct have been, and still continue to be, so numerous, since the exponents of such views, Shelley like, usually come to grief early.

Then we have more closely related to our subject, because of its pretentious claims to the healing of physical ills, that form of anti-Christian philosophy which denominates itself "*Christian Science*," arrayed in the garb of scriptural phraseology and parading the title "*Scientific*." It is, nevertheless, a revival of an old form of pantheism. This method of cure of sickness and sin inaugurated by Mrs. Baker Eddy, of Boston, in 1866, assumes as a foundation that there is only one reality in the universe, namely, *mind* —that God is mind and mind is God—and disallows the reality of so painful a fact as disease by making bold to affirm that all human ailments of whatever sort are due to wrong thinking. If the first proposition is true, then may we not reasonably inquire, *who* does the wrong thinking? It is the veriest farce that such a philosophy which vitiates truth and misleads the credulous should parade under the name of science.

In recognition of the natural effects of the mind on the body without admitting the truth of, it we have many other societies representative of this subtle philosophy, such as "Faith Cure," the "Science of Being," the "Science of Health," "Mental Science," "Mind Cure," etc. While there

are shades of difference there are certain fundamental characteristics common to all. The disciples of each, like Mrs. Eddy and her followers, disbelieve in doctors; and their extravagant claims as teachers and healers do not seem to deter suitable persons of considerable number from believing in them.

This rather too effusive and ironical reference to a class of specialists is intended as pleasantry and only introductory to more serious reflections relating to our subject.

It is a well known fact that there are eye specialists who would have us believe that ocular defects, which they are quite certain to find, are responsible for every possible functional derangement, besides a whole catalogue of mental and nervous diseases. There are some orificialists, too, who would trace every disturbance of vital function to some lesion at the point of distribution of the nerve filaments wherever found, and they are therefore ever on the search among the folds and convolutions of mucous surfaces, and in the hidden recesses of the several orifices of the body, to find the object of their explorations in some impingement of nerve fibres by cicatricial tissue, or by a contracted sphincter, and in their enthusiasm they exclaim "*Eureka.*"

There are men in nearly every community posing as gynecologists who find in every indurated and congested uterine cervix a suggestion for a hystorectomy, and in every case of ovarian irritation an excuse for an öophorectomy.

Conditions controllable under intelligent and careful medicinal treatment are all too frequently the pretexts of operative surgical enthusiasts to unsex women and to emasculate men, with perfect indifference as to the seriousness of such indiscriminate methods of practice upon the individual and society. We plead for a more universal use of carefully selected remedies and more conservatism in operative measures, and if it is urged in response that "these ought to have been done" there is still a conscious satisfaction in the fact that the other was not "left undone."

In a recent lecture on the "Microbian Flora" of the human body Dr. Metchnikoff, of the "Pasteur Institute," goes so far as to elaborate upon the "uselessness of the large intestine," and suggests the slow process of evolution

in bringing about the atrophy of such organs as might be assisted by medicine and surgery. Medicine coping more effectively with the noxious microbes and their effects, while the progress of surgery had already brought it within its power to remove by operation, organs or parts of organs propitious to the growth of pathogenic microbes. A physical and literal interpretation of the injunction, that "if offended by hand or foot we are to cut it off, and if the eye offend pluck it out." The learned professor does not definitely indicate the proscribed organs and tissues; but since he informs us that microbes in great variety and number infect the hair follicles, the skin, the mucous membranes, the deepest parts of the respiratory organs and the entire digestive tract, his method of coping with the noxious germs in the hands of the injudicious might be carried quite beyond the limit of physical endurance.

The now very common practice of removing the appendix vermiformis, in many cases on the slightest provocation, seems to be a step in the direction of Professor Metchnikoff's extreme and visionary methods; and is deserving of the condemnation of conservative physicians and surgeons. I am aware that just here we have a much mooted question. Recalling anatomical relations we are reminded that attached to the lower and back part of the cæcum, this tube, from three to six inches in length, and of a diameter about equal to that of a goose-quill, usually lies coiled upon itself, and concealed behind the lower portion of the cæcum, as if conscious of the danger to which it is exposed in the light of modern surgery, and since it has become the scapegoat of all the sins of omission and of commission of every other abdominal organ.

That this vermicular appendage, the function of which remains a mystery despite all research, should be adjudged guilty of all the mischief of which it has been accused seems quite absurd.

It is urged by radical enthusiasts that in all cases of appendicitis delay in operative measures is dangerous. To this we reply that universal haste is equally so. Porter reports a mortality of 19.7 per cent. where excision was practiced during an attack. I feel assured that under careful homœopathic treatment a very much lower death rate is

attainable. This, however, must remain a question of individual opinion, since statistical information regarding the mortality after operative interference in cases where the conditions would have promised a successful issue under careful medication is not obtainable.

A case in point: Was called August 4th, of the present year, to visit O. H., a young man aged 17 years, who had been suffering without relief for several hours from severe pain and tenderness in the right groin in the region of McBurney's point. There was slight fever, temperature 100° F., gastro-intestinal disturbance, nausea and constipation. He had suffered two similar attacks during the spring months, after each of which a conscious tenderness remained. At each previous attaek his physician had suggested, if not advised, operative measures, which were not approved. In the meantime he had been placed upon a restricted and rather unnutritious diet so that he had lost considerably in strength and vigor besides being somewhat reduced in weight.

His expressive black eyes, irascible and zealous disposition, the severe aching pain in the right side, which was worse from motion and contact, gave a very good picture of Nux vomica, which was given, resulting in considerable improvement the following day. Later, Lycopodium was suggested by the abdominal tension and bloating, by the loud grumbling and croaking flatulence in the right side of the lower abdomen. The two remedies named were the only ones used in the treatment of the case, which was continued for one month. A more liberal diet was urged, with an interdiction of sweets and starch. There has been a gain of fifteen pounds in weight, besides there is entire absence of local tenderness, and at a recent interview he assured me that he never felt better in his life.

This is not wholly an isolated case, but a representative one, and illustrative of a class of cases covering a period of nearly a quarter of a century which have been treated in accordance with the "law of similars" as imperfectly understood, the results of which will, I confidently believe, compare favorably with exclusively radical measures.

The indiscriminate use of opium and saline purges, with the persistent use of ice locally in simple perityphlitis, tend

to promote limited or general peritonitis and perityphlitic abscess, thus changing many cases otherwise medical and curable to the list of surgical and doubtful.

Tampering with such methods tends to foster and to promote the inflammatory condition.

Apropos to this subject permit me to say that it seems surprising beyond measure that members of this or of any other similar society should advocate the universal use of antitoxin in the treatment of diphtheria just at a time when leading men of the old school are discarding it. Within the past year papers of this character have been read before this and other representative organizations of our school, or published in professedly homœopathic journals, and by permission reprinted and used by a well-known business firm to advertise the special merits of their particular product of antitoxin.

Several months prior to these public expressions of faith and confidence in antitoxin, a paper was read before the Medical Association of New York City by one of its members denouncing the use of this agent, and asserting that "the waves of skepticism are starting in various directions calculated to engulf the delusive claims for this serum in like manner as befell the fallacious lymph of Koch." In the discussion which followed the reading of the paper, only two members in any way dissented from the author's views, while six members gave expression to a hearty indorsement of the contents of the paper. On this occasion, also, it was reported from the official records that in the Willard Parker Hospital there had only been one year since the introduction of antitoxin in which the mortality from diphtheria had been as low as it was before the use of this agent. In Paris this treatment is discredited by a steady increase in the weekly mortality, notwithstanding the universal use of the method, and the medical societies of Moscow have denounced it in unmistakable terms.

Disavowing any intention of appearing contentious, for I entertain a high regard for, and the most kindly feeling toward, the authors of the papers commending this general method of treating all cases of diphtheria, still I cannot forbear entering thus publicly my protest against a generalizing in therapeutics so at variance with the teachings

of Hahnemann, Jahr, Hering, Lippe, Farrington and many others of like faith whose cherished principles this Society is supposed to represent.

That the writers of the papers to which reference has been made are men of culture is most heartily endorsed, and we entertain the conviction that had they tarried longer at the "School of the Prophets" they would have become so thoroughly indoctrinated in the principles of the "Old Masters" that both mind and conscience would have deterred them from entering the "Missionary" field on behalf of this unproved and doubtful therapeutic agent.

It is a regretable memory how in very recent years numerous unproved and proprietary agents have attracted professional attention and confidence for a time, only to prove an "*ignis fatuus*" to their enthusiastic advocates and admirers. Antifebrine for enteric fever, chloride of gold for alcoholism, Koch's serum, phenic acid and antisepsin for tuberculosis are only a few familiar examples of the long list of disease specifics (now relegated to the garret of medical oblivion) which have been extolled by daring innovators who have succeeded for a time in deluding honest but unsuspecting practitioners who have at last been humiliated by the experiment.

The application of medical measures as taught by many specialists in our colleges, who, in pursuance of special studies, at home and abroad, have become imbued with the theories advanced by allopathic authors and teachers, is, in a very large measure, responsible for the present lack of interest and enthusiasm in the study of homœopathic therapeutics by students and practitioners who chance to be brought under such influence and instruction.

In this period of increasing specialities, which prophesies the extinction of the old-time family physician (who was dentist, oculist, aurist, surgeon and obstetrician), let there be no divorcement from the great law of remedial selection, for be assured that the specialist who best understands and best applies this law in practice will have laid the foundation for the largest measure of success. Homœopathic therapists and then specialists. Devotion to principle supplemented by knowledge and duty.

DISCUSSION.

Dr. E. M. Gramm: There is much in this paper that I certainly think ought to be dwelt on in a homœopathic society. Specialisms, doubtless like other good things, are liable to abuse. That is undoubtedly a fact in regard to the various specialists neglecting Homœopathy. We have been unfortunately in the position—those of us who took up specialties—of having to go to the old school works for our instruction. When I took up my specialty I was compelled to take up the old school works and learn dermatology. I took my book, examined my patient, and looked into the book to see what disease it might be. For a long time I had to learn that way and others had to do the same thing. The consequence was, and is, that there is a great tendency for the members of the profession who practice a specialty absolutely to forget that there is such a thing as a purely homœopathic prescription. I believe that all the specialists learn things Hahnemann never knew. I also think that the old school authorities have a great many points of treatment that it is necessary for us to employ. For instance, take the throat specialists; they can unquestionably cure a catarrhal condition by local applications plus the homœopathic remedy. I have made conscientious experiments and can cure skin diseases by the use of local applications plus the homœopathic remedy; but the old school physicians are so accustomed to go ahead empirically that we who read their books in helping us to practice our speciality imbibe their ideas. The homœopathic remedy is the hardest one to find. It is easy for the throat specialist to purchase fourteen or fifteen bottles attached to a spraying apparatus, and if one does not help to try another. It is, however, not very easy to cover those symptoms with the homœopathic remedy. I am satisfied that with most of us the fault is that we do not study our homœopathic materia medica enough. I think it is sheer laziness on the part of our specialists that we do not work up the homœopathic indication. We might as well be frank in the matter and acknowledge where the trouble lies. The older homœopaths had not the various local applications to use. They had the very finest tools—the higher potencies to work

with—and they developed extraordinary ability. I cannot find to-day, when I am prescribed for by my physician friends, the results found in our books, and our older homœopaths did not write all lies; whenever they said they cured certain conditions with certain potencies they wrote the truth. My physicians don't cure me and I try to give them my symptoms. The question is whether that is not the trouble that we take the easy and politic treatment that makes the patient think that the doctor has done a whole lot for him, and we do very little in the matter of the selection of the homœopathic remedy. I use external applications. I feel confident that I have made conscientious experiments which have proved to me it is necessary to use external applications in dermatology; but I must say that I think it is unscientific and absolutely wrong to use this thing and that thing recommended by some traveling salesman as being the best for some skin trouble, or the very finest remedy that has been handed out to the profession at a certain time at so much per recommendation. I try to find the homœopathic remedy and I have been surprised to see the results.

Another point I think the general practitioners forget, and that is that at times we have an irritation to deal with that is produced by the debris of the disease upon the skin, such as crusts, etc. That tissue is dead and causes an irritation of a mechanical or chemical character that cannot be reached by medicine given internally. I think each specialist can only look at this matter from his standpoint. We should have different ones to express themselves. By the homœopathic remedy I try to cover the whole symptoms of the patient; I do not care whether the eruption is on the right, or left, or flexor, or extensor surface, whether it is papular or vesicular, or any other type, but prescribe for the general symptoms that the patient presents, and I have had success where the old school physicians have failed, and where these physicians have used their external medication alone for years. I think we, as homœopathic specialists, will remain in advance of the old school specialists provided we do not get too lazy.

Dr. A. P. Bowie: Would that all specialists were homœopaths! I am nothing but a general practitioner, that

branch of medicine which is gradually becoming obsolete, and I would like to say that the fault I have to find with the specialists is that in using the local applications they are apt to use them too strong and thereby aggravate the cases. Now, I have had a good deal of experience with that sort of thing and I think they should use mild applications in their external applications, and that they should use the homœopathic remedy as an external application. I think that Dr. Gramm's way of treating skin diseases is all right, to leave out the external manifestations in selecting the internal remedies. That is the only method I employ in treating skin diseases.

The whole paper is good. I think it requires a good deal of backbone nowadays for a man to stand up in a medical society and give his medical experience in cases, for instance, like appendicitis. Recently I have been treated to a couple of very good articles in the *Hahnemannian Monthly* on that subject—one from Fuller, who has cured his cases by the homœopathic remedy. In the next number we have a surgeon who advises a surgical operation alone. My experience with appendicitis is that it will respond to the homœopathic remedy, and I have never yet had a case operated on or a case I thought ought to be operated on, and I have never had a fatal case of appendicitis. That may seem strange to some people, but it is a fact, and I think I know a case of appendicitis when I see it, and I think I know when a remedy cures and when it does not. It is all right for those men who cannot prescribe a remedy to operate on a case, but it is very much better for those men who can prescribe a remedy to cure their cases without an operation.

Dr. S. G. Godshall: Those who use antitoxin keep on using it. Those who never use it condemn it, and condemn it and say: "Hahnemann never used it and would not." And yet Hahnemann used vaccination and added to it, and antitoxin is somewhat like it. All who have used antitoxin rarely condemn it afterwards. Lots and lots of men who never used it say it is no good.

Dr. E. C. Parsons: I think Dr. Gramm and I are not very far apart, if he will just transpose his sentence and make it "Homœopathy plus the local treatment instead of the local treatment plus the homœopathic remedy."

As to the use of antitoxin, I have this to say: I have cited to you an official statement of the Willard Parker Hospital in New York, and from the statements in it it was reported that the physicians there were condemning it. I, for one, don't care to "put on the old shoes."

THE PREVENTIVE TREATMENT OF HEREDITARY DISEASES.

ANNA D. VARNER, M. D., WILKINSBURG.

Heredity is the doctrine that characteristics of the parents are transmitted to their offspring. This is true not only of the mental and moral nature, but also of the physiological constitution. A child born free from actual disease may inherit a pronounced susceptibility to the chronic diseases of its ancestors.

Several theories regarding heredity have been advanced, but it still remains a mystery. It may be that the hereditary diseases are so deep-seated as to leave their impression —a scar as it were—upon the protoplasm. This protoplasm being the basis of all life and the beginning of all new life carries with it these impressions from generation to generation, on the same principle that a scar remains on the body regardless of the waste and repair of the tissues.

There is, then, a weakened cell resistance, and the scar indicating what disease shall develop, an exciting cause is all that is needed to awaken in the system that to which it is disposed.

Be that as it may, how to overcome constitutional dyscrasia and prevent the development of hereditary diseases is one of the most important questions before the medical profession to-day. First, because these diseases are so widespread and seem to be increasing. One writer says that while there are fewer deaths from typhoid fever, diphtheria, smallpox, scarlet fever, croup and diarrhœal complaints, more people are dying from cancer, Bright's disease, heart disease and the various constitutional disorders.

The Board of Health in New York City issued the following report of deaths for March, 1900: Typhoid fever, 26; scarlet fever, 67; cerebro-spinal meningitis, 24; measles,

115; diphtheria, 191; laryngeal diphtheria, 47; and tuberculosis, 714. You will see that there were 244 more deaths from tuberculosis than from all the acute contagious diseases combined. In Pittsburg for the week ending August 10th, six per cent. of all deaths were due to tuberculosis, in the season when such patients are least likely to succumb. In our own borough of Wilkinsburg, of the deaths under homœopathic treatment during the last eighteen months, twenty-five per cent. were due to tuberculosis. Add to these the deaths due to cancer, syphilis and insanity and the proportion will be large.

Infant mortality is chiefly due to hereditary influences. Adenitis in the child can be traced to scrofula, tuberculosis or cancer in the ancestors; epilepsy to insanity; chorea to epilepsy and so forth. Hydrocephalus, malnutrition, tardy eruption of teeth, bowel disorders, idiocy, anæmia all claim their origin in hereditary diseases. Young girls constitutionally weak are more prone to amenorrhœa, dysmenorrhœa and the various menstrual disorders. Then, too, the diathesis of a child has a very decided effect upon the outcome of any acute disease which may be contracted. Pneumonia works havoc in a tubercular child; scarlet fever is more severe and complicated in scrofulous patients; while diphtheria is more than likely to be fatal in cases where there is a pronounced dyscrasia or a history of hæmophilia.

In this class are found the majority of diseases which are either incurable or curable only in the early stages, truly an important reason why the preventive treatment should receive due consideration.

Every child has a right to be well born, but denied a sound physical inheritance by reason of the mistakes and neglect of his forefathers let him have every advantage to gain at least a fraction of that which through no fault of his own he has lost.

As heretofore mentioned, two factors contribute to the development of a hereditary disease; a weakened cell resistance and an exciting cause. The indications are to strengthen the former and avoid the latter. The treatment is hygienic and medicinal. The time to begin is before those whom you would treat are born. The greatest obstacles to be overcome are the ignorance of the people and their faulty habits of living.

The prospective mother should know that it is her duty to place herself in her physician's care immediately, and withhold from him no information in regard to her personal and family history. It is the physician's duty not only to guard the health and safety of the mother during this most critical period, but to lay the foundation for a good constitution for the child. We all know how necessary to the patient are nourishing food, pure air, plenty of sleep, warm baths, proper clothing and judicious exercise. We know, too, that where there is a decided hereditary tendency, the child should receive, through the mother, the indicated homœopathic remedy at intervals during the whole of gestation, but how many of us are careful enough to carry out the treatment in every case.

After birth these weaklings will need constant care for years. They are poorly nourished and their food should be nutritious. They are anæmic, hence should have the benefit of out-door life and well-ventilated sleeping apartments to increase the oxygenation of the blood. They are invariably cold-blooded and should be warmly clad. They are usually stooped and narrow-chested, therefore, will need to practice deep breathing and exercises for the development of the chest. It will be necessary to watch that they do not fall into bad habits which prey upon their vitality and decrease their nerve force. These children should have shorter hours at school and less arduous tasks than the constitutionally strong. Night work should be forbidden.

The medicinal treatment is important. No other school of medicine can do for these little patients what the homœopathic can with a materia medica so rich in material. For a child with no particular disease, but with a few symptoms indicative of struma, a remedy can be selected with unerring certainty, which will eradicate the inherited predisposition and assist in building up a strong physical being. Such are the possibilities in this direction that the pity is every child with a pronounced dyscrasia does not reap the benefit therefrom.

The Sulphur child is lean, stoop-shouldered, with an old, drawn, hungry look; itching skin, aversion to bathing; acrid, offensive excoriating discharges from every outlet of the body; hot head with dry, lifeless hair, and burning feet always uncovered.

Calcarea carb., fat but flabby; head large, bones soft, open fontanelles; sweat about head and neck; large bloated abdomen and glandular swellings.

Calcarea phos. also has tardy bone development, but patient is thin and anæmic with fetid diarrhœa and affections of the deep glandular structures.

Psorinum has itching, dirty skin; offensive sweat and diarrhœa.

Bacillinum, typical tubercular diathesis; thin, delicate, pale skin through which the blue veins distinctly show.

Syphilinum, thin and scrawny; withered skin covered with foul smelling eruptions.

Baryta carb., dwarfed in body and mind; driveling of saliva from the mouth; bloated abdomen and hard, swollen, indolent glands with tendency to caseation.

Graphites, eczematous eruption on scalp, behind ears, on eyelids, and in bends of joints, with deep cracks exuding a thin, yellow, excoriating pus.

Iodine is scrawny and emaciated, with dark skin, ravenous appetite and general glandular involvement. These are the leading remedies, although others may be indicated in certain cases.

If there is one class of people more than any other who will need all their lives to guard against the impairment of their vitality, it is those predisposed to tuberculosis. While this is a germ disease, the condition of the body must be favorable for their propagation.

The causes which favor this condition are vitiated atmospheres, close confinement, habits of self-indulgence and dissipation, badly ventilated sleeping rooms, poor food, business anxieties and worries, overwork, and acute diseases which lower the vitality and solidify portions of the lung. Such people ought to choose an out-door occupation in some dry, healthy locality. If this is impossible, the bodily vigor should be preserved by daily exercise in the open air, deep breathing, cold sponge baths, and eight hours' sleep in every twenty-four. In brief, they should live simply, observing the laws of nature closely.

Measures should be adopted and enforced to prevent the contraction of these diseases by contagion. What a furor there would be in New York City if 714 deaths had occurred

in one month from smallpox. The board of health would be on the alert and spare neither time nor money to check the disease. While smallpox is very contagious, and in some cases proves fatal, the effect in the individual case practically ends with the scars left upon the body, yet tuberculosis, though less contagious, is fatal in a larger proportion of cases, impoverishes the blood of a race, and leaves its mark upon the children unto the third and fourth generation.

The argument is not to use less zeal in the prevention of smallpox, but to use more in the prevention of tuberculosis. Rigid quarantine is not necessary and would not be acceptable to the people. The sputum, however, should be examined and all cases of tuberculosis reported to the board of health. State or city hospitals should be built for the care of the poor who live in the crowded districts and cannot be properly isolated in their homes.

Printed rules and regulations for the care of the disease should be given to every patient so afflicted. It might even be advisable to supply all families predisposed to the disease with printed instructions on the means used to prevent it.

No one's education should be considered complete without a thorough knowledge of the laws of health, personal hygiene and the sanitation of the home, nor should any one be permitted to teach in our public schools who is not well informed in these things. For instance, in some of the public schools of Pittsburg a bucket of water is passed from pupil to pupil each day. All are required to drink from the same cup, and what one leaves is given to the next. In a large city like this, where the children come from all sorts of homes, and all kinds of parentage, afflicted with eczema, impetigo and hereditary syphilis, the practice is pernicious. It is just as necessary for each child in our schools to have an individual drinking cup as it is to have individual communion sets in our churches.

I am aware that such work as has been suggested will prove tedious. You may sow and the harvest may not be reaped in your lifetime. It will not mean so much in dollars and cents as an operation for appendicitis, nor so much fame as the discovery of a malaria laden mosquito, or a germ-destroying serum, but long after you have ceased from

your labors it will pay in the diminished death rate, the years added to the average life of man, and increased vitality with a *natural* cell resistance to disease more potent than any serum.

REPORT OF THE

SECTION OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

Mastoiditis, by G. A. Mueller, M. D.
Earaches in Children, by H. S. Weaver, M. D.

MASTOIDITIS.

G. A. Mueller, M. D., Pittsburg.

In speaking of this subject, it is not the intention to give an exhaustive talk on the various affections to which the mastoid may be liable, but to confine it principally to simple mastoiditis, as that is of the most importance to the general practitioner and specialist alike. We will, therefore, eliminate from the discussion those rarer cases of tubercular deposits in the mastoid, sarcoma and the destruction and havoc wrought by the deposit of specific gummata.

The study of mastoiditis and the cause leading to it should be of the greatest interest to the practitioner of medicine. It is an affection limited to no age nor sex, and the conditions leading to it so often seem trivial and unimportant that what eventually becomes a serious thing, so grave indeed that it involves life itself, that the greatest care and caution should be exercised that we may avert the threatened danger. It is scarcely saying too much to affirm that from 80 to 90 per cent. of these cases are preventable. Do not misunderstand me, this is not said nor intended as a reflection on the ability of the general practitioner, as many or most of these cases at the time when medical attention is solicited have passed to the stage when surgical interference affords the only relief. Colds and traumatism may be mentioned as possible primary factors in the causation of

mastoiditis, but the first is so rarely the primary cause (that is localized colds), and the history (direct violence being the only traumatic cause) will so clearly point to traumatism, should the latter be the exciting cause, that we are constrained to pass at once to what is the most important factor in the causation of the disease, namely, acute or chronic inflammation of the middle ear and its subsequent extension into the mastoid cells. And, indeed, it seems that to be of any great practical service or value a discussion of mastoiditis would necessarily involve a rather prolonged dissertation on the necessity for the prompt recognition of otitis media in its various forms and the urgent need for taking such steps as are necessary for the evacuation of any effusion which may be present in the cavity of the tympanum, as a result of such inflammation.

The apparent harmless earache of children needs the closest care and attention and demands the most thorough inspection. We are certainly lacking in our duty if we do not carefully examine the external ear and ear drum. And it may be said as an axiom that where there is evidence of effusion characterized by its diagnostic symptoms there should not be slightest hesitancy in performing myringotomy.

In former years the incision of the ear drum was so feared that it was rarely done, but in the light of further progress and experience and the immunity from infection brought about by the asepsis and antisepsis of the present date methods it has lost much of its sacredness. It may be confidently stated that when properly performed and under proper conditions it presents no danger whatever. There is comparatively no danger of the parts to unite, in fact, it is often exceedingly difficult to prevent the too early union of the incision, and we are compelled to bend our efforts to preventing the union rather than facilitate it. When it does unite there is no impairment of the sense of hearing, unless there should be other causes therefor. The cicatrix itself does not interfere to any marked degree with the vibration of the drum, unless poor judgment has been used in selecting the site for operation. There need be no hesitancy in making a free incision; the mistake usually made is in being too sparing in the use of the knife. The use of the Politzer bag

is usually indicated for the purpose of driving out the accumulation of pus and serum in the middle ear. Right here it might be well to mention the fact that the presence of adenoid vegetation in the vault of the pharynx in children is one of the most frequent causes of otitis media; but as this is not a discussion of the etiology of otitis media, we will merely mention it in passing and hasten to the symptomatology of mastoiditis.

The invasion of the mastoid cells is usually characterized by fairly well marked symptoms, which, in the majority of cases, leave no doubt as to the diagnosis. Where there has been an inflammation of the middle ear with a perforation and a discharge of pus, the sudden cessation of the discharge should always excite our suspicion, and, if coincident therewith, there is a rise in temperature, it leaves scarcely any doubt as to the involvement of the mastoid. Pain over the mastoid region, of a dull, aching character, is most characteristic; this pain is almost constant and is most painfully severe at night. The part is sensitive to pressure. Although slight pressure frequently reveals no tenderness, steady, deep pressure is sure to provoke pain, the patient cringing in a most marked manner. Owing to the anatomy of the part the direction of pressure made for diagnositic purpose is of great importance. It is necessary to see that the soft tissues of the canal are not put under pressure, else a simple inflammation of the canal may be mistaken for mastoid involvement.

The point of greatest tenderness is usually found over the antrum or large pneumatic cells, although, in some cases, it is referred to the apophysis. Placing the thumb over the bony rim of the outer canal and avoiding a crowding of the soft parts into the canal, press backward and inward and the mastoid will be found to be very sensitive. The structure of the bone varies so much that it is difficult to give any stated rule for the appearance of the point of greatest tenderness. Frequently the entire mass is made up of large pneumatic cells. In other cases the antrum seems to be the only large cell, while the remainder of the interior of the bone is made up of diploic tissue; in yet another class of cases, the antrum practically is the only cell, the remaining portion of the bone being composed of a bony tissue of an ivory con-

sistency. It is rare indeed to find an extension of the pain in other portions of the temporal bone unless there should be an involvement of other parts. Strange to say, that, while some of these cases present quite an elevation of temperature, many of them show an absolutely normal temperature, with apparently nothing to indicate the presence of the disease save the local tenderness and sleeplessness.

It will be found in most of these cases that there is a strange tendency to sleeplessness, even though the pain itself be not sufficiently severe to be the cause of it. Indeed, it would seem that in addition to the pain there is a marked insomnia peculiar to the disease itself. In children will frequently, although not always, be found some tumefaction over the seat of the trouble, while in adults this is more frequently absent. Should there be involvement in any of the intra-cranial structures it will be evidenced by the symptoms peculiar to the portion of the cranium affected. These are of such a various nature that to particularize and give a description of all would scarcely come within the scope of this paper. Necessarily, such an involvement increases the gravity of the case. We may have the symptoms of localized or diffused meningitis; we may have intra-cranial abscess; we may have thrombosis of the lateral sinus; each of which complications will be marked by its own diagnostic symptoms.

Another symptom which has been neglected, and which is of the greatest relative importance, is the downward bulging of the walls of the posterier superior portion of the canal, as this is a portion of the canal which has the most intimate relations with the antrum. Where we have this bulging of the walls of the canal in conjunction with the sensitiveness to pressure over the mastoid, we may rest assured we are dealing with a case of mastoiditis, for these symptoms are positively diagnostic. The prognosis in cases of simple uncomplicated mastoiditis may be said to be favorable, not only with regard to recovery, but also in regard to the retention of the sense of hearing, providing the proper steps are taken in the inception of the disease.

The Leiter Coil which promised so much has failed to justify the hopes which it first aroused, in fact, a reliance on it very frequently leads to a neglect of more thorough and

drastic measures which should be taken for the purpose of affording relief. If the use of the Leiter Coil or the application of cold in some other way does not relieve the local tenderness within from twenty-four to thirty-six hours, we are constrained to believe that it is the duty of the surgeon in charge to at once make a free incision through the bone into the antrum, and not only do that, but see that every portion of the mastoid which could possibly afford a hiding place for pus shall be freely opened. The relief of all the distressing symptoms of mastoiditis is so immediate upon a successful operation of this kind that it fully justifies the operation.

We will not enter into the details of the operative technique nor of the details of the operation itself, as it would make the paper too lengthy, but at some future time I hope it will be my privilege to present to this society more fully the causes leading up to the disease and statistics of a number of cases operated and the results obtained.

EARACHES IN CHILDREN.

H. S. Weaver, M. D., Philadelphia.

Physicians are so frequently called upon to treat little sufferers from earache that I thought a short paper on this subject would be of interest to all, and, in order to obtain a thorough knowledge of the subject, a few words about the general anatomy of the ear is quite essential that we may familiarize ourselves with the differences found in the child's ear as compared with that of the adult.

The ear is divided into three parts: external, middle and internal. The external ear includes the auricle or pinna, and the external auditory canal as far as the membrana tympani.

The middle ear is divided into the tympanic cavity, eustachian tube and mastoid cells, and, from a clinical standpoint, this is the most important part of the hearing apparatus. It is lined by a very delicate mucous membrane, which, in children, inflames very readily, the tympanic cavity and eustachlan tubes being so small that the least swell-

ing fills the space and causes pressure on the nerve filaments resulting in the excruciating pain.

The inner ear is situated in the petrous portion of the temporal bone, entirely out of view, and consists of a complex cavity called the osseous labyrinth, in which floats the membranous labyrinth; these cavities are lined with a periosteal membrane and filled with a clear fluid. The inner ear is the essential part of the organ of hearing, but is not so important to us when considering earaches as the middle ear.

During the first few years of life the ear undergoes a number of changes, developing in its parts very unevenly; the auditory ossicles are fully formed at birth; the mastoid antrum is present, but the cells do not develop until later. The external auditory meatus, eustachian tubes and mastoid portions of the temporal bone undergo many changes before they are as fully developed as is found in the adult.

The mucous membrane lining the naso-pharynx, eustachian tube and middle ear is, in early childhood, peculiarly susceptible, so that the slightest exciting cause, added to the extremely delicate and easily inflammable membrane, makes it a suitable soil for the development of an otalgia or muco-purulent inflammation. There seems to be an underlying idiosyncrasy in many children, especially during the spring and autumn months, to develop earache, in many cases not developing beyond the stage of pain and swelling, and some secretion, which is quickly re-absorbed and a rapid return to the normal follows, while in others there is the typical pathological steps of a well-defined case.

First, there is congestion, inflammation, secretion, with partial or complete occlusion of the eustachian tubes, distention of the tympanic cavity, pus formation, rupture of the membrana tympani, acute catarrhal discharge with complete resolution, or a partial resolution where the acute catarrhal discharge changes into a sub-acute, which gradually passes into a chronic middle ear catarrh with its well known results.

The chief exciting causes are the exanthematous diseases, teething, acute catarrh, exposure to wet weather, rapid cooling of the body when overheated, etc.

By a careful study of these cases for a few years I have

found in many of them an underlying condition which makes them more susceptible to these exciting causes.

A careful examination of the nose and throat will reveal the fact that many are suffering from a chronic hypertrophic rhinitis or catarrh, or, what is more probable, a bunch of adenoids may be discovered in the post nasal space. Oftentimes the adenoids are not of a sufficient size to interfere with nasal respiration, or give rise to the other well-defined adenoid symptoms, but a small bunch situated well up in the pharynx may be sufficient to cause pressure on the eustachian orifices, partially closing the tubes, and necessarily interfering with the free passage of air into the middle ear.

With one or both of these predisposing causes present there is a lowered vitality of the mucous membranes in these parts, and the child is less able to successfully combat the previously named exciting causes. It is true children with perfectly normal nares, and a naso-pharynx free from thickening, catarrh, or adenoids, suffer at times, but rarely have the recurring attacks with each cold or change of season. It is those who have the recurring attacks to which I wish to call special attention.

Here I wish to emphasize the importance of a thorough examination of the ear, nose and throat in all children suffering from earache. If this cannot be done during the acute stage, then immediately after, to ascertain whether there be an underlying diathesis which predisposes this condition. A fluid coryza with occluded nares accompanying any other disease of the child indicates the beginning of an acute otitis-media, and should lead to an examination of the ear.

When examining the ear of a child under four years of age the technique for the introduction of an aural speculum is different from the ordinary examination, because the osseous meatus is not developed before the fourth year and often later.

When inserting the speculum in the ear of very young children, the ear is drawn forward and downward instead of upward and backward as is done with adults, to obtain a view of the membrana tympani, otherwise the canal will be so curved that a view of its entire length cannot be obtained.

In the early stages the drumhead will be found to be injected, later bulging, and if resolution is not complete and the secretion quickly reabsorbed a rupture of the membrana tympani will follow.

The diagnosis in children too young to tell where the pain is, is quite difficult, frequently not being made until there is a discharge of muco-pus from the ear, which reveals the true seat of the pain. The treatment should be, first, to cure the present attack; second, to prevent a possible recurrence. Remedies given internally have unquestionably curative power if carefully selected, and when the patient is seen early in the attack often a few doses of the indicated remedy arrest the trouble. Those most frequently called for in the beginning are Aconite, Bell., Ferr. phos., Mag. phos., Cam., Merc. viv., Hepar sulph., and Caps.

Later, when a perforation has occurred and a discharge follows, Puls., Hepar sulph., Kali mur., Kali bich., Kali sulph. In most of these cases the nares are found to be filled with secretion which should be removed by taking a camel's hair brush or a probe covered with cotton dipping into fluid Albolene, Cosmoline, Glycolene or any pure liquid oil, thoroughly saturating it, and introduce it into the nostrils, first swabbing the upper portion then lowering the probe, pass it through into the post-nasal space. This will cause sneezing and a profuse discharge from the nose, which soon cleans the passages and reduces the congestion. Or much the same results may be obtained by rubbing vaseline or cosmoline into the nostrils, or dropping a little oil into the nostrils while the child is lying on its back.

The use of the Politzer bag is a valuable adjunct to this treatment and frequently gives almost instant relief. Great care should be exercised when using it with children. Swallowing water or saying "hoch" is not necessary, for, as a rule, the child will cry, thus raising the velum and completely shutting off the pharynx from the nasal cavities. A very light compression of the bulb is sufficient and may be repeated, if necessary, once or twice daily. Dry heat applied by salt bag, hot water bottle, hop bag affords great relief, and is the only way by which heat should be applied to the ear. Moist applications are never permissible; they promote softening of the tissues and increase the danger of per-

foration of the drumhead. Oily substances not hotter than can be borne on the back of the hand may be dropped into the ear when there is no perforation, but under no circumstances allow hot poultices to be applied in the ear; they cause maceration and softening of the tissues, and I believe are responsible for many cases of permanent deafness.

During the interval of the attacks the treatment should be to reduce the nasal hypertrophy, to secure unobstructed breathing and freedom as near as possible from the catarrhal condition. When post-nasal adenoids are found, remove them and allow the nasal pharynx to develop properly; by so doing, you aid the child in its physical and mental growth, enabling it to resist the exciting causes which heretofore produced an acute exaggeration of the chronically inflamed mucous membrane.

I hope by this paper to create sufficient interest to have you help educate parents and all concerned in the raising of children to abandon the old idea that earache is something they will outgrow.

Do not discharge the patient as soon as the acute attack is over. Find out the cause of these recurring attacks, and, if possible, remove it. With each seizure there is additional scar tissue added and more inflammatory exudation thrown out in the articulation of the ossicles, which later hardens and interferes with the transmission of the waves of sound inward to the auditory nerve.

I believe many of the cases who, in later life, consult aurists for defective hearing and tinnitus aurium could trace the primary cause to earaches during childhood.

DISCUSSION.

Dr. J. K. M. Perrine: Mr. President, in speaking of the use of the Politzer bag in a child four years old, I think he leaves the question of what to do very incomplete. A child at that age, who has an earache, most likely has some catarrhal condition, causing the formation of pus and an infective discharge in the post-nasal space. There is one way to find that out, but it is difficult to do so in a small child. We have seen cases of acute otitis follow twelve hours after the first use of the Politzer bag. Fraenkel it is, I think, who recommends the use of the eustachian catheter, with the air

well exhausted from the Politzer bag; passing the eustachian catheter through the nasal orifice, allowing the bag to fill through the catheter and then blow the catheter well on a watch crystal or piece of glass, and discover if there are any slight signs of any discharge turned out of the eustachian tube. In case there is, he says, do not use the Politzer bag. I think that is a great thing. A great many ear men jump at the Politzer bag the first thing they think of, and most of them irrigate with water, which I think is very dangerous, unless you know the eustachian tube is thoroughly cleansed.

REPORT OF THE

SECTION OF OBSTETRICS.

Craniotomy, by A. B. Lichtenwalner, M. D.

CRANIOTOMY: REPORT OF TWO CASES.

A. B. Lichtenwalner, A. M., M. D.

When we consider that the fœtus causes dystocia in either of the following, namely, abnormally large fœtus, multiple pregnancy, monstrosities, mal-position or mal-presentation, our lines of treatment are very materially simplified, with a large, unyielding head, attempting to pass through what is usually considered a normal pelvis. It produces such disproportion between head and pelvis that the latter must be considered contracted, so far as that particular head is concerned. If the head is unusually large or refuses to mold itself we may be confronted with a condition which would warrant us in seriously considering a major operation in order to effect delivery. The safety of the mother is the first and essential consideration in the practice of obstetrics, and in order to insure this it becomes necessary to sacrifice the child. Craniotomy, therefore, as compared with the employment of the ordinary forceps, is less favorable, maybe owing to the feeling of unwillingness to take the life of the child, even in so justifiable a cause, hesitating to perforate until assured of its death, and the delay thus occasioned has rendered the operation much more unfavorable to the mother than if it had been undertaken earlier. I would here quote a case by a certain writer where the head of the child was in situ at the vulva for twenty-three hours before forceps-delivery was undertaken; there followed the most extensive gangrene and sloughing of vulva and perineum as is possible to imagine. Besides, it must be recollected that the death of the child is admissible; it cannot be saved by any means, unless we accept the Cæsarean operation, which we

also learn has its fatality. On the morning of January 8, 1897, I was called to attend Mrs. W——. Position normal, left occipito anterior; a perfectly normal first and second stage labor. Noticed nothing unusual other than an oversized fœtus. After the slipping of the forceps, and after many hours of fruitless labor, I called on my friend, Dr. Gilbert, who, with renewed strength, I well remember, methinks I can see him as he pulled and pulled and pulled, neither of us possessing such instruments as a perforator and cranioclast. We called, on that early morning hour, Dr. Charles Brooks, who, upon examination, asked pardon, but also wished the privilege of first using the ordinary forceps, however with the same fruitless result. Therefore, craniotomy was performed. The mother, making a happy and most speedy recovery, was allowed to leave her bed after the twelfth or thirteenth day. Almost immediately upon the conclusion of this case I made it my business to actually have in my possession instruments similar to those used by Dr. Brooks. For almost four years these instruments were stored away in an instrument case, until the morning of August 15, 1900. I was called to attend Mrs. A——. Noticed nothing unusual between the first and this, my second case, other than the slipping of the forceps; remembering that I read somewhere that "slipping forceps are either misapplied forceps or else the instrument is contra-indicated by position or presentation." Thereupon called for assistance my neighbor, Dr. Livezey, and he pulled, and I pulled, we pulled together. Now then, in due appreciation of the fact that craniotomy should not be undertaken heedlessly, nor without due consideration, the practitioner should be positive that it is imperatively necessary, especially if the child be living. Information having been given to the family of its dangers and while the uterine contractions have been powerful and long-continued, without any advance of the head, he will be justified in terminating the labor by the forceps, if possible, or, if not, then by the perforator or cranioclast. I will not here burden you with a detailed statement of the operation after the bladder has been emptied and the vulva and vagina disinfected. The perforator is held in the right hand, is passed along the guide fingers to a suture, or as near to the fontanelle as possible, followed by the cranio-

clast. Suffice it to say, the mother in this case also made a speedy recovery, and was allowed to sit up at the end of two weeks. Hardly had this case subsided when I felt the need of having, in my own possession, an axis-traction forceps, and while I had no opportunity up to this time for its use it is claimed to be the ideal forceps of our day that will answer all purposes. Quoting Sajous' Annual Cyclopædia of Practical Medicine, it says: "In the ordinary forceps the mechanism, as compared to that of the pelvis, does not come into operation, while in the axis-traction forceps the head, together with the body of the instrument, obtains great freedom in mobility. A further great advantage in its use applies forcibly to the child; with the ordinary forceps the more powerful the extraction force applied the greater the compression force exercised upon the fœtal skull, no matter how carefully done, no matter what amount of resistance force or material is placed between the handles at any point to lessen the compression power. Too much space between the handles insures a loose or unsteady application of the blades, and, consequently, far greater predisposition to slipping. This is entirely overcome in the axis-traction instrument, through which no pressure is brought to bear directly on the head, since all extraction force is applied directly to and from the cross-rods.

Finally, it is remarkable with what ease apparently different cases are delivered by their use with a minimum force expended. The handles of the forceps are an extremely useful guide as to the position of the head, and consequently an ever-guarding factor, a compass as it were as to the direction in which the force of the extraction is to be applied. The indications for the use of the axis-traction instruments are in nowise different from those of the ordinary forceps. Nor does their application differ from that of the latter. It is only after they are locked and ready for use that the mechanism begins to differ. In their use the following rules must always be adhered to: The handles of the blades must be a guide as to the direction of traction, no matter what their position. The position of the blade in its relation to the pelvis must never be taken into consideration, and certainly must never influence us as to the direction of our traction energy. The button on the traction handle or the

point of junction of the traction rods with traction cross-handles must always be nearly in contact, just barely touching, and this relation must be maintained until the patient is practically delivered. To allow the two parts to come into contact will at once influence the utility of the handle-tips as indices, for the tendency would then be to push the handles too rapidly forward and so give us a false conception of the true and ideal axis-traction. Its effect would thus be spoiled and our energy rendered futile. Traction is then to be made and continued, the traction handles carried farther and farther forward and upward until the head begins to crown. It is now advisable either to remove the forceps, or, if the head is to be delivered solely by the forceps, the operator stands to one side of the patient and grasps both traction rods and forceps handles in one hand, while with the other he manages the perineum.

Certain objections to the use of the traction-forceps must, however, not be overlooked. Their cost is far greater; but when we consider the amount of energy saved and the diminished risk to both mother and child, this is compensated for. Their length is an objection in one direction only—the difficulty in finding a vessel large enough for sterilization. Their liability to slip in the hands of the inexpert is far greater than that of the ordinary forceps, and when this accident occurs the damage done to the material structure is far greater and deeper than the slipping of the ordinary instrument. Yet, in the hands of an expert, a slipping instrument is not very uncommon, and should at once suggest that a persistent use of this or any other instrument is fraught with considerable danger in a given case. Other measures should be instituted in order to deliver."

With this foregoing knowledge which I obtained, as just quoted from Sajous' Annual Cyclopædia, I concluded to substantiate my belief in the use of the axis-traction forceps. Subsequently, on March 12th of this year, I was called to Mrs. B——; found ample reasons for the use of instruments, labor being slow and tedious, just the same as in the preceding cases I have cited, an oversized fœtus with strong and hard labor pains. Giving the patient, in my judgment, a conservative measure of time, and strength remaining, I

applied the ordinary forceps; having exhausted my strength, occasionally unlocking the instruments, allowing full rotation. I called in an assistant who, apparently came fresh and strong, but meeting with the same result. Informing the family of the undoubted death of the little patient, I immediately sent home for my newly-equipped reinforcements in the shape of the axis-traction forceps. I applied them in the manner already indicated. I was more than gratified to learn that in the change of the fulcrum, with but ordinary leverage, I was able to extricate my little patient in a very few moments, learning a lesson thereby, not as a certain physician who cited a case of craniotomy, thinking he had fully destroyed the pons varolii, but was horrified to find his little patient still breathing. But the contrary here in the use of the axis-traction forceps you, prevent craniotomy. Claiming that it has its place wields its sceptre of usefulness, so that instead of bringing to light a multilated form you can, nevertheless, present to its mother an unmutilated baby.

REPORT OF THE

SECTION OF GYNÆCOLOGY.

Pelvic Abscess, by Theodore L. Chase, M. D.

PELVIC ABSCESS.

THEODORE L. CHASE, M. D., PHILADELPHIA.

Until quite recently all suppurating conditions of the pelvis were relieved by abdominal section if any operative interference was made. As long as this was the established surgical rule, the actual differential diagnosis was not so important. Now that the various pus foci have been more accurately located we have various methods of procedure at hand. Each operator has his favorite route for the general run of cases, but he must divert these lines for individual cases requiring relief by other channels. In treating the numerous abscesses as they occur throughout the pelvis the question of great importance to our patient is whether we shall be conservative and save the contiguous organs of generation in whole or part, or shall we be radical and remove everything from the nearby infected region? Let us consider the locality in which we have to operate for pelvic abscess. In it we have numerous lymph streams, large blood vessels and tissues favoring spread of infection by continuity. Among these you may have a simple purulent collection, a cystic development, or separate foci within the connective tissue structures.

The so-called clean "up-to-date" surgery deals with these pus collections by complete removal, thereby, it is said, leaving a clear operative field with reduced risk of following sepsis and a better blood supply. On the other hand, is evacuation, following the general surgical rule of similar purulent accumulations that are found in other parts of the human economy.

In the first mentioned procedure the question of drainage is not considered, as usually the operative field is left clean and closed up tight. In the second instance, free drainage is a very important step, as the ultimate recovery of the patient depends upon the correct method followed in each case.

Set rules cannot be used in dealing with these cases, but an intelligent individualization will give the best results.

The etiology of pelvic abscess interests us, as in finding the cause of pus formation we often have pointed out the way of treatment. Taking cold, a nervous shock, checking the catamenial flow prematurely have been mentioned, but we know these are never causes of pus formation. Many of the pathogenic germs, individually or in mixed varieties, are pus producers.

An accurate knowledge of these germs, their growth, soil and longevity, their routes of extension, will also aid us in applying the proper treatment.

Cases of this class coming to the surgeon for advice should have, if necessary, repeated examinations and records carefully kept of the cases, so that operative interference can be undertaken at the most favorable time, and then a decision can be made whether complete removal will be performed leaving a spayed woman, or evacuation and drainage leaving the patient with her generative organs as intact as possible and in a position to bear children and live out a natural life.

The diagnosis of a pelvic abscess is not always satisfac-factory. Cases of appendicitis have been mistaken for pelvic abscess when the appendix has been situated low in the pelvis, and the sensitive area on the right side, with radiating pains to the epigastrium when pressure was made over the lower right quadrant. In appendicitis genito-urinary involvement is usually absent, and it is present with the majority of cases of pelvic abscess. At this time we should remember the considerable percentage of cases where there is a co-existence of appendicitis and tubo-ovarian disease. Cystitis cannot be conflicted with pelvic abscess where an examination is made under anasthesia. Localized pelvic peritonitis can be likewise differentiated. In urethritis the same intense pain is found by examining the lateral pelvic

walls, but a careful urinary analysis will show pus, blood and ureteral epithelium; also, the temperature is more likely to be high with pelvic abscess. The seat of pain and its character with prolonged painstaking examination will nearly always reward the physician in making out pelvic abscess, but at the bedside there are few men so wise that they can say positively the precise limits of a pelvic abscess.

Pus formation, extra-peritoneal but within the pelvis, will be found between the layers of the broad ligament, in the iliac fossa, and in the tissues behind the cervix. The intra-peritoneal abscesses are located within ovarian collections and within the fallopian tubes, these often producing fluctuating masses which are found posterior to the uterus, and at times attached to the intestines, with which there is often a communication. These complex masses containing pus are, as a rule, bridged with dense adhesive membranes. Dermoid suppurating cysts are to be included. The greater number of these pelvic abscesses with which we are bronght in contact are the above varieties of intra-peritoneal collections. Both extra and intra-peritoneal have been found in the same patient.

In considering the treatment of extra-peritoneal abscess, incision or puncture with free drainage and persistent post-operative treatment will be the indicated procedure when the abscess is situated low down in the pelvis, *i. e.*, between the layers of the broad ligament, or in the tissues between the cervix and the rectum.

Where the collections of pus are located high towards either side of the pelvis, an incision made well above Poupart's ligament to the peritoneum, and working under this to the abscess cavity, gives the best results. In cases of serious character it is best to incise wherever the abscess points, whether this is through the vagina or abdominal wall.

As to the intra-peritoneal abscesses, the treatment by abdominal section is used by the majority of operators, thereby removing in entirety the diseased appendages. The removal of large abscesses are often followed by serious shock, and may be fatal; enucleation is fraught with associated injury to either ureter, bladder or bowel.

When complete removal is out of the question, vaginal

drainage gives the best results. Large ovarian abscesses occupying the entire pelvis are most difficult to treat—here incision and drainage is a makeshift, but the best that can be accomplished under the circumstances. Pyosalpinx must be removed entire whenever feasible.

Occasionally these large abscess accumulations like those of ovarian abscess fill up the whole pelvis from one iliac crest to the other, and here the complete removal necessitates too great risk; again we must fall back upon incision and drainage. Tubal pus collections where leakage and adhesive peritonitis develop, and communication with the bowel is present, we cannot always feel safe in persisting with enucleation.

An illustrating case occurred four years ago. Mrs. H., age 37, was seen with temperature of 101°. Bi-manual examination revealed an enlarged uterus with attached mass very sensitive to touch situated posterior and to the left. The prior history stated that she had not been well four weeks before calling a physician. She had noticed an evening fever most of the time. Menstruation had been regular, there was loss of appetite and emaciation had been progressive. A preliminary curettement was performed with the removal of a dead fœtus of about the fourth month of pregnancy.

Abdominal section revealed a large tubal abscess occupying the left side of the pelvis. Old adhesions were abundant upon all sides. It was decided to incise and drain rather than persist in enucleation, as the patient had been sometime under ether. Nearly a pint of pus was removed, and the case made a slow but apparently complete recovery. About nine months after I was called again to see her and found for some time she had been suffering from acute attacks of colic usually accompanied with retching and vomiting. The present attack was very severe and her condition serious. Another abdominal section was performed, making the incision along the old scar. Numerous loops of intestines were found bound together with broad, firm adhesions; these were all divided and intestines liberated. Convalescence was rapid, and she has enjoyed good health ever since.

Mrs. G., age 31, gave a history of numerous miscarriages;

the last one she had about one month previous and since this time she had fever and paroxysms of severe pelvic pain lasting over several days. Vaginal examination found hard masses posterior and on both sides of the uterus, which were exquisitely sensitive to pressure. She was emaciated from the prolonged illness, and growing worse daily.

Curettement was negative. Upon opening the abdomen free pus flowed. Numerous adhesions in all directions were present, and all land-marks obliterated. Thorough irrigation was made among this confused mass of exudate, cautiously entering all channels and pockets until everything seemed clean. Drainage was made and recovery followed.

Owing to the low vitality of these two cases I firmly believe they would have both died had enucleation been carried out. Pelvic abscesses discharging through the rectum are often difficult to treat; some can be enucleated and the opening in the rectum sutured, but others will be better treated by drainage; and following this the intestinal communication closes. Fluctuating abscess collections situated between the uterus and the rectum can be best treated by the posterior cul-de-sac incision and drainage through the vagina.

A word here regarding this operation which can be often used as a makeshift in those serious pelvic conditions located low down in the pelvis where abdominal section would almost surely result fatally.

The operation can, in fact, be used to carry the patient out of imminent danger, and, later, a comparatively safe abdominal section can be performed.

It has so many features in its favor, first, its low rate of mortality; second, short period of convalescence; third, the capability of its performance during incomplete anesthesia; fourth, comparatively small risk of operative accidents; fifth, no hernia; sixth, the great advantage of draining down hill; and seventh, and really the most important, the entering a mass of adhesions from below, leaving those above the seat of trouble severely alone, thereby reducing the avenues of infection to a minimum.

REPORT OF THE

SECTION OF PATHOLOGY.

Pathology, by I. B. Gilbert, M. D.

Metastatic Recurrent Carcinoma of the Spinal Cord; A Case, by Theodore P. Gittens, M. D.

PATHOLOGY.

I. B. Gilbert, M. D., Philadelphia.

At a previous meeting of this society, in a paper on an allied subject, I advanced the belief that, as the eventual fruition of the present method and tendency of investigations into pathological conditions under the assumption that all are caused directly or indirectly by the action of bacteria—specific germs—a rational, scientific and universal system of medicine would arise, which, on this common basis, would collect into this harmonious whole all the divergent elements of all the medical theories and systems extant to-day.

From this position I have since found no cause to recede, as evidence confirmatory and cumulative only strengthens the assurance that I shall be justified in my predictions as to the influence and modifying power this new method of learning and teaching shall have upon the future policy of the practice of medicine. However casual, superficial, or even perfunctory a review we might attempt of the present state of the science of pathology, the recognition of that of bacteriology has made itself so imperative that in the study of pathology its claims are now paramount to all others, and they are forced upon us whether we will admit the conclusions of its teachings or not.

There is an undeniable relation sustained by bacteria to pathological changes, for in many of these conditions their presence has been demonstrated. How far their presence may have secondary effects in the way of disturbing and dis-

ordering the functional activities of the different organs of the human body, although strictly within the scope of this paper, I shall place them beyond the limits of it, and shall restrict myself to a fragmentary review of a few diseases which are now almost universally conceded to be of bacterial origin.

And instead of working in the atmosphere of the lens and the test-tube let us transfer our thoughts to the wider and lower, but to us, as clinicians, the more practical plane, by considering pathological conditions as we find them in the regular routine of our daily practice. For, excepting the few among our number who are teachers, we class ourselves as clinicians, and as one and speaking to such, I shall not, as said, enter into the considertion of the intimate or essential pathology, or rather the special etiology, of any single or special subject.

As correlated with the subject of bacterial pathology, and additionally explanatory of the idea I have expressed on the trend of medical thought, I would say that I am a firm believer in the Hahnemannian doctrine of "similia," but I do not unqualifiedly admit or believe that we have yet discovered the means or the agents to meet the conditions of disease in every phase and aspect. Nor do I conceive it to be possible, in medicine as now constituted, which must deal with conditions in disease which are never alike, that any infallible formula of cure can be stated. Exceptions will present themselves. The corollary of "Falsus in uno" (error in one) is not "falsus in omnibus" (error in all) when applied to the principles and practice of medicine to-day. For example, the presence of diphtheria bacilli on the mucous membrane of the throat is not absolute evidence that the individual is suffering from an attack of diphtheria; nor is the fact of their presence and apparent harmlessness proof positive that these micro-organisms are not the causative agents of this disease. Symptoms are the reflections of pathological conditions, and our interpretation of the one hinges upon our capability of comprehending the other.

Nor is the "germ theory" at all at variance or incompatible with the doctrine of "similia." If the homœopathic theory of the stimulation of cell activity by the administration of small and repeated doses is not the sum of practical

therapeutics, it is a true scheme of cure, and is simply supplemented by the new theory, for the toxins, either generated in the system or introduced from external sources, play the same role and effect a cure in the same manner as do the remedies now given under our present theory of medication.

As the science of bacteriology progresses, so is the advance of knowledge in the science of pathology. Its influence is so momentous and preponderating that no view of the field of causative influences of disease can be contemplated in the most superficial or trivial way without one being struck by the revolution it has caused in the study and comprehension of pathological changes and conditions. The honor of the discovery belongs to Pasteur, and the application of the remedy—antisepsis—to Lister as a sequency of the knowledge to the cause of suppurative action.

When the truth was demonstrated that the appearance of pus was the evidence of the presence of bacteria that found their entrance to the tissues through want of precautions, or from whatever cause, it was but the next step—recognizing the cause—to find the means of preventing their entrance, or when there, to destroy them. Realization of the cause of suppurative action is the basis of antiseptic surgery.

To some members all this may seem a loss of time and words, and like traveling over ground that has been thoroughly explored and mapped, and that we need no longer stand upon the defensive; but to such I would say, that some members still consider this tentative ground, and that the new theory, although hotly contended for, has not yet, by any means, received universal acceptance or unanimous approval.

An episode in municipal life, about which I have just been reading in our city newspapers, gives striking emphasis to the fact of the origin from infection by specific germ of one of our most common diseases, viz., typhoid fever.

This disease has been prevalent in an endemic form within definite and circumscribed limits in West Philadelphia. In order to trace the cause of it to its source, the health

authorities determined to institute a strict inspection of the sewers in that part of the city.

To accomplish this it was necessary that a man should crawl through the sewers "on hands and knees" from one man-hole to the other, the sewers not being of sufficient capacity to admit of his walking through them in an upright position.

The sewer inspector was the man upon whom the duty devolved, one who had spent many years in this special work, and who believed himself immune or impervious to typhoid contagion, attributing this condition to the act of smoking tobacco whenever engaged in this subterranean service. He has an assistant whose function it is to assist him in descending at the point of entrance, and, after he has traversed the distance to the next exit, to perform the same part there by helping him to ascend to the surface of the street.

Necessarily both came in active contact with the contents of the sewer. The first one unavoidably, and the other by grasping the hands of the inspector in the act of giving him assistance in ascending from the sewer. As the facilities for ablution on the city streets are not very complete, the infallible sequence, to the believer in the theory of germ infection, can very readily be guessed, for it is very plain in the case of each.

The pipe, the trusted prophylactic agent, passed from hand to mouth by a germ-infected hand, became the inevitable instrument of disease.

The infected assistant has just recovered from a serious attack of typhoid fever, and his superior, while I am writing this, lies critically ill of the same disease. If the theory is tenable, the pathological factor is unmistakable and the lesson should not fail to be heeded.

As clinicians, the two diseases that head our list in degree of importance, and sometimes in frequency, are typhoid and diphtheria. In common with all active practitioners, I have had much and varied experience with both diseases, and could relate cases, from a personal professional familiarity with them, to weariness. But let the two striking cases noted be sufficient for one, and a few additional words con-

vincingly confirmatory of my position, from the Report of the Chicago Board of Health, as a comment on the other.

Bacterial pathology is so closely allied with the subject of toxins, antitoxins and immunization, that without violence they fall under the head of one subject.

They are treated together in the report, which claims that during a period of five years, in which diphtheria antitoxin has been the accepted treatment, the lives of 4,500 children have been saved in that city. The claim is based upon a comparison with the returns for an equal period of time previous to the use of this new method of treatment. Conceding that there may be an element of doubt as to the correctness of the conclusions in this report, owing to the fact that hygienic teachings are more effective, and hygienic conditions more favorable in the last than in the preceding five years, yet, to the unbiased mind, the truth is plain that the treatment is more effective, and that it is purely the result of the true knowledge of the pathology of the disease.

Of 1,293 children and adults immunized, and exposed to infection, not a single case of diphtheria developed.

If this record can be maintained, the day may come when this disease will no longer head the mortality list of the diseases of childhood, but be placed lower and lower until it reaches the position now taken by that rare and infrequent disease, now too conquered by its own toxin, the once dreaded variola.

I have not attempted to pursue my subject along the beaten pathway, but have tried to give a few thoughts bearing on bacterial pathology, and I trust they may prove, in their way, a sufficient excuse for the being of this short paper.

METASTATIC RECURRENT CARCINOMA OF THE SPINAL CORD; A CASE.

THEODORE P. GITTENS, M. D., PHILADELPHIA.

In the fall of 1898 I was consulted by a lady, 26 years of age, in regard to a growth in the right breast, consisting of a hard nodular mass about three inches across, located, apparently, immediately below the surface of the skin. One small nodule protruded upward, and was of a purplish hue

in color. This growth had developed subsequent to injury by a breast pump after the birth of her second and last child, some five years before. I advised an immediate operation for its removal. Dr. W. B. Van Lennep was consulted, concurred with my view of the case, and operated in a most thorough manner, removing the entire breast, pectoral muscles and axillary glands. Diagnosis: Carcinoma. And prognosis as to recurrence, guarded. A good recovery from the operation followed, and general health was satisfactory, until July of the following year, when a visit was made to Atlantic City. An illness, beginning with pains in the right chest positively, described as "twisting," developed. Pains in the back and legs were present.

Patient was compelled to go to bed and call medical aid. Rheumatism was diagnosed and patient treated until able to be removed to Philadelphia, July 30th, when I was called to see her. Pains were intense and of the peculiar "twisting" character. Treatment was fairly successful in affording relief temporarily until the middle of November, when the pain became more obstinate.

Motor paralysis of the right lower extremity occurred, the leg being acutely flexed upon the thigh, until the heel rested upon the buttock. The entire right side was hypersensitive; patient was unable to sleep, very nervous and despondent. The same condition of the left lower extremity as was present in the right quickly supervened, followed by a partial relaxation of the right leg. Hyperæsthesia of the whole body was marked, massage and even simple bathing being intolerable.

A small nodule appeared in the right axilla, which neither increased in size nor became painful. Medical treatment was continued.

Retraction of the limbs diminished to such an extent that patient could sit comfortably, with legs hanging down, and lie in bed with legs extended. Locomotion was impossible. At this time there was little or no acute pain. Patient became anæmic, but not markedly cachectic. Consultation with Dr. E. R. Snader resulted in the finding of a "thickening of the abdominal walls on the right side, and evidence of a once-existing peritonitis."

There developed a protrusion of the spinal column in

marked degree, apparently the fifth and sixth dorsal vertebræ, unaccompanied by much local pain, though there was some sensitiveness.

The spring and summer of 1900 were spent at her country home, a few miles from the city, where I saw her weekly. Her time was spent on the porches and lawn, and her general condition seemed to improve. The spinal protrusion did not seem to enlarge. Upon her return to the city in the fall a good deal of general bodily pain developed. She had not walked for more than a year. She was constipated during her entire illness, and there was absence of menstruation.

This was her condition early in February, 1901, when her mother, who had been her constant companion and attendant throughout her illness, died after four days' illness, of pneumonia. One week from that day she, too, was a corpse, dying in convulsions, which had been more or less continuous for three or four days preceding that unhappy event. The time elapsed from the time of operation until death was two years and four months.

Owing to unavoidable circumstance at the last the post-mortem examination which would have proven so valuable was unobtainable. That we had a metastatic recurrent carcinoma of the spinal cord in this case I believe there is no doubt. That there was no corroborative post-mortem evidence is most unfortunate, and I fully realize the minimizing influence it exerts upon the value of this paper. I still feel the case to be of sufficient clinical value to warrant its report.

REPORT OF THE

SECTION OF PÆDOLOGY.

Vomiting and Diarrhœa in Children, by D. S. Kistler, M. D.
Croup, by H. Bierman, M. D.
The study of Pædology, by W. H. Bigler, M. D.
Our Duty to Our Children, by R. L. Piper, M. D.
Experience the Main Guide in Infant Feeding, by C. W. Simmons, M. D.
A Case of Bowel Obstruction, by Theodore Sureth, M. D.

VOMITING AND DIARRHŒA IN CHILDREN.

D. S. Kistler, M. D., Wilkes-Barre.

On being called to attend a little one suffering with a gastro-intestinal affection of the above type, the doctor should not be in a hurry to get away. This is important in fact, the life of the patient may be, and often is, jeopardized by the physician not taking heed of this one thing.

These troubles are met so often in the summer months that they become common, and again so many show a disease picture, which naturally tends to a speedy recovery, that by being in a hurry we fail to recognize early the ones whose tendency is towards a serious crisis; indeed, if the proper time and care is spent in taking the case, and in giving plain and direct instructions to the parent of the child, the reward will be almost without exception in a child quickly restored to health, and the need of saline injections or venous infusions of the same will become quite infrequent, and if, in spite of such time and care taken early in a patient, conditions arose where saline injections or infusions were required, the cases in my experience proved fatal. This last statement does not obtain in cases where you are called late, or where previous treatment was non-

homœopathic to the case. Again, if you wish your directions carried out, you must give sufficient time to forcibly impress them upon the mind of the one in charge. We well know how often our best efforts are thwarted by failure of the mother to properly carry out our directions, and this very seldom from wilful negligence, but nearly always on account of an insufficient memory, or lack of an intelligent comprehension to carry them out. Therefore be sure to have the mother fully understand your directions, and impress upon her that on the careful discharge of them depends the welfare of the child. Having obtained the hearty coöperation of the mother in carrying out your directions, the case must be a very serious one if it does not get well. You will now be ready to give advice. Let this be brief and to the point, and thoroughly understood. Personally, I have found it well to compliment upon its faithful performance.

I have dwelled upon this at this length,

1st. Because I find it so often neglected, and

2d. Because I consider it as one of the most important factors in the treatment of this as well as of other affections.

Rest as nearly absolute as you can get it is much desired. Let the child lie on a mattress or blanket covered by a sheet, and have a woolen abdominal covering next to its skin. Fresh air is, of course, to be obtained whenever possible. Cleanliness of the little patient is to be insisted on. One sponge bath with a little salt added to it at the temperature of about 80 to 85 increases the excretory functions of the skin and kidneys and is always indicated. Diet. This, of course, is considered to be the cause of all these troubles, but I believe this cause is an over-estimated one in very many cases. How often has the child in the same season taken the same food with impunity which now is conceded to be the cause of its illness. It cannot therefore be a direct effect of the food, but rather a previous lowered digestion or lowered vitality, that now causes the heretofore harmless article of diet to be the direct source of irritation. Nevertheless while the gastro-intestinal tract is in this irritated state, proper dietary measures become essential.

First. If nausea and vomiting are prominent, the with-

drawal of all food for twenty-four hours, giving in this interval little sips of hot water (albumen water), and towards the end of the twenty-four hours, hourly, one-half drachm of Panopepton or Lactopeptine, the dose of this to be increased as the case may permit. Later on, rice water one part and milk one part taken sparingly, or a small quantity at a time of peptonized milk. The grated flour in milk of the well known "flour ball" is easily prepared, and generally agrees with the patient about this time.

The various proprietary foods all have their value when intelligently prescribed to suit the case in hand.

The medicinal treatment must, of course, vary with the case and the symptoms it presents. If vomiting is prominent, Ipecac will control it; if the condition seems one of constant nausea, pale face, especially so about the lips, clean tongue.

Æthusa. The child vomits large curds of milk, which is forcibly expelled, after which the child seems to be utterly exhausted.

The Ant. crudum child has over-eaten, and now vomits, great nausea, breath is foul, the tongue is a thick white, and the little one very cross and irritable.

Arsenicum, Nux vom., Pulsatilla are by their well known symptoms often well indicated.

If the stools contain considerable mucus, a teaspoonful of castor oil in the beginning of an attack is eminently successful in practice. Marked stomach disturbances preclude the use of the oil. In such cases one grain of the first decimal trituration of Mercurius vivus repeated every hour until six or eight doses are given has always served the patient well in my experience.

The Aconite condition is an acute one after exposure to cold or during hot weather. The stools most likely are green, like chopped spinach a little bloody, with mucus. The patient is feverish, thirsty and restless, skin hot and dry, and pulse full, hard and quick.

If Aloes is the remedy it may be given with the expectation of quick action. The patient will have much flatulence and rumbling in the bowels, and when the bowels move

much gas will escape; the stools have much mucus in them, which adheres together and is often transparent.

In Belladonna, the child is probably teething, the face is flushed and hot, the skin is moist, and a good deal of colicky pains, and likely some cerebral symptoms; however, nothing to simulate the cerebral condition calling for Apis or Hellebore, but a nervous twitching.

When the weather suddenly changes, or we have the hot days and cool nights, then we are likely to find the Bryonia cases. The patient, of course, is thirsty, and worse in the morning, and from moving about.

The Calc. carb. case is very likely teething, and is observed to be of a scrofulous diathesis; the abdomen is bloated, probably free sweating about the head. The child seems to vomit the milk as a rule. The stools are whitish or grayish, quite offensive, and mental state of the patient cross.

Chamomilla, dentition, green stools and fretfulness make a well known trio.

Podophyllum. Has the large, painless, usually yellow, watery stools with a sediment in the diaper; the rest has all soaked through.

Sulphur. As an intercurrent, or where the stools excoriate the parts worse in the morning. The child is failing in flesh.

For the collapsic state. Camphor, when the attack came on very suddenly, great prostration and the child's body is cold seems to lie there indifferent, except that it will resist being covered up.

Veratrum album. Profuse vomiting and watery stools, with marked weakness, and cold sweat on the forehead; the pupils are markedly contracted, the color of child ashy gray. The patient has lots of colicky pains, and generally thirst for much at a time, which, if given, he will at once vomit again.

The Arsenicum state is a still graver one. Has much more anxious restlessness, thirst for just a little and often, discharges offensive, pale face.

In these acute collapsic states we must not forget to stimulate our patient. Hot applications to the body at various points. Brandy diluted with water sustains the heart wonderfully, and is often retained by the child when other things are ejected,

A high saline injection in these latter conditions is certainly of undoubted value, and any one who has seen with what promptness the pulse tension rises after such treatment (and of course more quickly by the intra venous route) will be sure to avail himself of this extra help in saving another little one's life.

DISCUSSION.

DR. S. G. GODSHALL: The writer of this paper speaks very highly of purging the child. It has been my experience in the last two years that it is necessary to give babies plenty of water; particularly those who may be called "bottle babies." We rarely have a mother nurse a baby any more; it is mostly a bottle baby. The fault, I think, is mainly dietetic. I tell them: We will keep food away, keep from feeding the baby from 12 to 24 hours. Wash the bottle well; boil it and the nipple; give the baby boiled water and whatever remedy may be indicated. The remedy is less material in these cases than I used to think it was. I have had much better results since I have been doing as I have just mentioned. The remedies most frequently useful are calcarea, psorinum, sulphur, arsenic and podophyllum. Sometimes the baby will not take the water; then put a little sugar in it. Keep it up and then the next day give a little food. The trouble is that the baby is poisoned by ptomaines.

DR. A. P. BOWIE: There is no use in a homœopathic physician giving calomel or castor oil in cases like this. I object to using such drugs as those. The very condition shows that the gastro-intestinal organs are self-cleansing, and an effort of nature is in that direction. I think we want a homœopathic remedy which assists in that direction. If it is necessary to do any washing, use warm water. Calomel is an abomination and I am very sorry that any homœopathic physician should recommend it.

CROUP.

H. Bierman, M. D., Bloomsburg.

It may not pay to thrash over old straw, but it is of undoubted benefit to review and discuss our commoner, everyday diseases. It is much better for the practitioner to be able to successfully combat, we will say, an attack of croup, than be able to distinguish the varied forms of bacilli, bacteria, and micrococci.

Methods of treatment are changing, not alone among the Regular School of Physicians, but among all others as well. It is a poor doctor who will limit his vision, and bound the horizon of his knowledge with a circle, and not acknowledge there is virtue in any other. Our law of cure stands unshaken, but mechanical measures must be used, and improvements are the order of the day, and new remedies are being added constantly to the already long list of the pharmacopœia. Other measures besides those selected by the law of similars will, and do cure, if we are only honest enough to confess it.

What I have to say upon this subject may not be in harmony with the views of others present, but it is the expression and discussion of these views that will benefit us. If I can make a half-dozen, who do not agree with me, tell something better, I will feel amply repaid for the time and thought I have given to this paper.

Croup is such a familiar disease that I suppose it came into this world with the first babies, continued down through the ages, and is still with us. Its bibliography may not interest us much. In general, it is a sporadic affection, most prevalent when the cooler temperatures are at hand. At times it becomes epidemic. This was the case in the years 1805–1807, when it spread over a large portion of the Continent of Europe. In the last named year an inquiry into the nature of the disease by the Faculty of Medicine, of Paris, was ordered by Napoleon I., whose nephew, the Crown Prince of Holland, had fallen a victim to the epidemic, and who offered a prize for the best essay on the subject. Besides the prize essays of M. M. Jurine and Albers,

many valuable treatises were written, and it is to the information thus obtained that much of our present knowledge of this malady is due.

I will speak of croup much as I do to a layman. I think a simple division of the subject would be the forms spasmodic, inflammatory and membranous. I know most text books drop the spasmodic form, or discuss it under the subject of laryngismus stridulus, but in practice we often come across cases which would not properly come under this head, but are distinctly spasmodic. In fact, by far the larger number of cases are of this form, though we see very few. They are the cases which are cured by the croup tinctures and remedies with which the country is flooded. Anything which will relieve a spasmodic condition will cure. Vomiting will do it, so one of the most common ingredients of the cures is Ipecac. Perhaps Ipecac., or the effect, the vomiting, cures in another manner at times. Spasmodic croup often is a nervous ailment. Teething, improper feeding, reflexly cause a spasmodic condition. A stomach filled with indigestible matter is relieved of the offending material, cause is gone, cure complete. But, unfortunately, many do not discriminate between a spasmodic condition and an inflammatory one, and continue to nauseate the poor child; but, growing no better, call upon the doctor to save the life of the beloved child. So the doctor goes to saving him. The old school man tries to do it by more Ipecac., Squills, Calomel, revulsives, as mustard applications, or by purgatives. Don't you feel glad that you are over the croup years, and especially where such form of treatment need not be applied? In our own school the old, tried and familiar remedies do good work, pleasantly and easily. We are all familiar with such remedies as Aconite, Iodine, Bromine, Bell., Spongia, Hepar, Antimon., Tart. and Phosphorus. Inhalations of steam or moist air do aid in relieving the inflamed condition, as any person, who has tried it, can testify. So does the vapor of some of the coal-tar products, the much advertised Cresoline being one with which I have come in contact, and to the value of which I can subscribe. The fumes of boiling Oil of Eucalyptus is likewise said to relieve in similar conditions.

Following an attack of inflammatory croup we often have a bronchitis, sometimes a lobar infiltration which needs es-

pecial attention. As a child may be predisposed to croup, he may need general constitutional treatment, general hygienic measures, correct diet, combined with proper medication; perhaps the lime salts, and remedies in that class.

An inflammatory croup may simply be the forerunner of the much dreaded membranous croup, or, as the books have pleased to term it, true croup. Any one who has once heard a child cough where the membrane is forming need only to hear it again to instantly recognize it. The ringing bark has gone, and in its place a cough which reminds one like nothing else than coughing through a tube, a brass tube, if you please. We are thus enabled to warn the friends early, and start in active work to combat the trouble, for it needs early and very active measures to now get ahead of it.

What may be the ætiology and the histology of this form of illness? The profession is divided upon this question; one man says it is an undoubted diphtheria, the membrane being situated in a place poorly supplied with lymphatics; the other side claim the membrane is non-diphtheritic, but intimately associated with the tissue upon which it is attached. Personally I agree with the former class, that it is a membrane, diphtheritic in origin and character. I have reached this conclusion more because of the good effects of diphtheritic treatment I have instituted than a study of the microscopic appearance of the membrane, or the presence of the characteristic bacilli. I know of one case, however, which started in the regulation manner of membranous croup, no membrane visible, but showing an undoubted diphtheria before recovery. A case of diphtheria, the membrane starting in the larynx, you will say, no doubt. Perhaps it was, but I believe all are. Clinically, I find no difference, except in the prostration due to the poisoning of the diphtheritic membrane elsewhere. The same stenosis, the same death, if death there be.

The symptomatology is familiar to us all, few practicing a short time without seeing at least one case.

The prognosis in a case of genuine membranous croup used to be very grave, at least 99 per cent. dying. I never, until within a few years, saw one recover, but since then have not lost one case, and I have had quite a number.

The treatment instituted in previous years was a grand

failure, even if it did keep the anxious parents and the worried doctor busy. I must honestly confess that I never saw the slightest benefit from any of our remedies, Hepar, Iodides, Bromides, or any others. The slaking lime, torturing the already tortured child; inhalations of irritant drugs, all availed nothing. Remember, I am speaking of the undoubted cases of membranous croup, and not of those I thought were tending that way, and which got well easily enough. My first success was that of a girl, æt. about 8, a genuine case, attested by the expectorated membrane. In this case I used internally such remedies as Phos. and Kali bi., and supplemented by the Brooklyn method, and had the satisfaction of winning the battle, which was a long, desperate struggle, and alternated our hopes and fears, as the membrane would come away and then reform. Since then I have used the regular treatment for diphtheria, Antitoxine, and find it a prompt and reliable procedure. Its use is precisely like that of an ordinary diphtheria, with the same results, a paling of the membrane and its gradual detachment and expectoration. As it loosens it may form a valve over the chink of the glottis and cause some strangulation. I am always uneasy at this time and hold myself in readiness to do a tracheotomy, as an intubation might fail to relieve. I have never had the misfortune of losing a patient from such strangulation, nor been compelled to interfere, although I firmly believe such a crisis might arise. Two cases I have in mind were of this character, and I was preparing myself to intubate, when the membrane was thrown off, relieving at once.

In nearly all of my later cases I have supplemented the Antitoxine with the Brooklyn method, as I believe the calomel fumes do aid in the detaching of the membrane. It is unpleasant, but I think the end accomplished justifies the means.

All this may sound very un-homœopathic, but unless Antitoxine is the similimum I never before found it, and so never accomplished a cure. I am after the life of my patient, and as I never could cure in any other way, and never saw any one else do so, I know some claim such good fortune, I will stick to what I have found does undoubtedly save life. I am ready to be criticised, and if, as I said in the beginning, I stir

up a lively discussion, and we learn of a good remedy, curing 100 per cent. or 75 per cent., or even just 50 per cent. of, say, 10 consecutive cases, especially if under our good law of similars, I will be most happy, and feel well repaid for the time and labor devoted to this paper.

Is Antitoxine homœopathically indicated, is it not, or how does it act? That it does act, and act favorably, cannot be disputed unless you theorize and never investigate, and then your theory is all wind with no substantial backing.

DISCUSSION.

Dr. A. P. Bowie: It seems that the subject of antitoxine will bob up under all conditions. We have had it in Pathology, we have had it in Clinical Medicine, and now we have it in Croup. I have had a few cases of croup in 32 or 33 years' practice and I have never used antitoxine. I have never used anything but the homœopathic remedy and I have cured many of my cases. I have not cured the incurable cases. I do not know whether antitoxine or anything else would have cured those that did die. I think Jahr, in his "Forty Years' Practice," speaks about the great danger in croup by the patient being weighed down with material doses of medicine. I think there is where the trouble is in treating croup. It is sometimes such a desperate disease that we lose our heads and do not select the remedies or give the remedies time to act.

I am not going to lay down any line of treatment for croup or mention any particular success in that line, except that I will say that a case of croup should be treated according to the symptoms present, and with our homœopathic remedies, and I think we will have good success and need not use antitoxine.

To those who cannot select a remedy, perhaps antitoxine might be better than something else, but I think that a physician who professes to be a homœopathic physician should certainly have a knowledge of his remedies and have better success than the author of this paper. I do not want to be any more emphatic than that, but I do say that I have not used antitoxine, and I do not think I ever shall.

Dr. W. J. Martin: Will the doctor tell us, in his experience, whether he has had cases of membranous croup die.

Dr. Bowie: Yes, I have.

Dr. Martin: I said last night I have gotten along with my cases of diphtheria with the indicated remedy, but I used antitoxine in three cases. Two were cases of infants—nursing babies—with membranous or laryngeal diphtheria. I did the best I knew how and they were not doing well, and thought that it was no more than right for me to let them have the benefit of what might accrue from the use of the antitoxine. Two cases were not more than a year apart. I had Dr. Moreland come and do the antitoxine treatment for me, and both cases recovered. I do not believe they would have recovered without it.

Dr. F. W. Burlingame: I am satisfied that I had two cases of membranous croup which would have died had I not used antitoxine. In addition to the inhalations used, and other means mentioned in the paper, aside from the internal remedies, I might say that the wet compress, a towel wrung out with cold water and placed over the chest, is of great service. I have been saved making a night call by instructing the mother with croupy children to use the compress when the child was taken with croup. That will very often bring the child around all right without the use of any remedies. About three weeks ago I discovered a new remedy for croup. The Materia Medica says that Sanguinaria is a good remedy for croup. I was called about midnight to attend a case of labor, and was just ready to start out when another call came to attend a child with croup. It happened to be on my route. I told them that I would stop and leave medicine for the child and directions, but I could not stay with them. I saw the child, and in my haste I got hold of the Sanguinaria bottle instead of Spongia. I discovered it later, and, thank the Lord, found that it was homœopathic to the case. I had not killed the child. The report was next morning that, after three or four doses of Sanguinaria had been given, the child was relieved and went off into a quiet sleep. I thought Spongia was indicated, but it seems that it was not.

Dr. I. B. Gilbert: I am glad that the doctor made that mistake, for Sanguinaria is a first-class remedy. I am sur-

prised that he did not find that out earlier. If he had used that more, probably he would not have used antitoxine so often.

Dr. A. P. Bowie: I can bear testimony that Sanguinaria in croup is an excellent remedy. One of the most desperate cases I ever saw with membranous croup was cured with Sanguinaria. Bromine is another remedy indicated in croup and is often overlooked.

Dr. Millie J. Chapman: In the early years of my practice an agent appeared offering for sale "Croup Powders," which he insisted were a specific for any or every case of croup. I did not buy, but later learned they were powders of Aconite and Sanguinaria. The Aconite to be taken every fifteen minutes until eight were taken, then the Sanguinaria every two hours until eight were taken, and omit further medication. These powders were sold to many persons, and from their use Sanguinaria was frequently prescribed for croup by those who learned the *secret* of the powders. Of course, only a Sanguinaria case was relieved. Cold water in croup has been used with benefit by many, but there are cases where the cold compress is sure to be followed by complete aphonia. Having had many experiences in this line I am guarded in its use.

Dr. T. H. Carmichael: Aconite and Spongia, I think, in the majority of cases, will be all that is required. The efficacy of Spongia is probably due to the Iodine which it contains, and for that reason a great many physicians prefer to use the Iodine in potency, believing that they have then a more reliable preparation, because the Spongia is apt to vary in the quantity it contains. In reference to Bromine, I consider that to be the last resort in desperate cases of laryngeal diphtheria. In one instance, in a young man about 16, after Antitoxine had been given, I was hastily summoned, and from the message I gathered what I had to deal with. Taking a bottle of pure Bromine I held it under his nose and had the satisfaction of seeing the membrane, at least hearing it loosen, and in a few minutes he coughed up a cast, and after that recovered.

Dr. J. H. McClelland: I think it is very important indeed in discussing the matter of croup to have it distinctly understood what kind of croup you are dealing with.

Everybody knows spasmodic croup is one thing and that diphtheria or membranous croup is another thing, and requires entirely different treatment, and with probably different results. With spasmodic croup we know that we have in Aconite and Spongia and the cold compress very efficient remedies. Even Sanguinaria relieves very promptly when accidentally given. But when you come to a case of diphtheritic croup—of laryngeal diphtheria—you have a horse of another color. Then is the time you require a class of remedies, a kind of treatment, and a looked-for result which is entirely different.

Now, as to the matter of remedies for that condition, I think we have all found that Cyanide of Mercury, Bichromate of Potash, the Bromine, the Hepar sulphur, and the class of remedies like that are efficient, and, in the hands of the homœopathic practitioner, in all times past have responded admirably. I have also seen good effects from antitoxine, but I must say now that the homœopathic remedies applied carefully have answered the purpose in almost every case that I have had to deal with, and I am inclined to think that antitoxine is homœopathic in many cases. Antitoxine should be used if all other means fail We should not deprive ourselves of any method of successfully treating a case.

THE STUDY OF PEDOLOGY.

W. H. Bigler, A. M., M. D., Philadelphia.

It is not so many years since Pedology began to be made the object of special study, but during these years the subject has received more or less thorough treatment at the hands of many most able writers. That the standpoint and consequently the treatment of this branch of medicine has varied with the different authors is seen from the names given to their respective works. While the name *Pediatrics* refers particularly to the healing of children, and should, therefore, be confined to a consideration of their diseases and treatment, *Pedology* embraces a much wider sphere, and should include the care of infants and children in health, as well as in disease, their watchful training in mind as well

as in body. *Diseases of Children* would, strictly speaking, confine the subject to a consideration of those diseases which are peculiar to children exclusively, the number of which is very small. *Disease in Children* is a preferable term, since it implies that childhood or immaturity modifies, in various ways, the features of disease as they usually present themselves to us in the adult.

As the number of those wishing to devote themselves to this specialty seems to be continually on the increase, a few considerations on the general subject of its study may not be out of place.

The fundamental principle upon which all our study must be based is the recognition that, although the infant eventually becomes the adult, with whose anatomical, physiological and pathological conditions we are familiar, it does so only by a gradual process of development and improvement, the characteristics of which are not so generally known. While passing through this process, which concerns not only the anatomical structure of the various organs, but, of necessity, also the completeness and perfection with which their functions are performed, children are liable to derangements and pathological conditions which will manifest themselves and their influence by symptoms and conditions varying according to the state of development in which the little patients are found. The first object of our study must, therefore, be the normal anatomical and physiological peculiarities of children, as differing from those in adults. Of these, the first to occupy our attention will be those which concern the two vital functions in which the greatest changes occur at the moment when the infant, separated from its mother, begins its independent existence, viz., the respiratory and circulatory organs and functions. A knowledge of the changes that occur in these, as they gradually accommodate themselves to the changed requirements, forms a necessary basis for a correct recognition of pathological conditions during this period. An acquaintance with the variations normally occurring in the performance of these functions will lead to an appreciation of the true prognostic value to be attached to symptoms which may occur. The anatomical peculiarities of these two systems must always be kept in view when making a physical

examination. Not only are the organs themselves to be correctly located by percussion and auscultation, but account must also be had of the peculiarities in the structure of the containing walls of the thorax in appreciating the value of the sounds obtained by these means. The relatively large size of the liver will also have a bearing upon the information derived from physical examination.

The next point to be studied is the immature condition of the nervous system. This is, in my view, of equal if not of greater importance than the foregoing, for it is under the influence of this that all the various functions are performed, not only those of circulation and respiration. A study of the development of the nervous system from its early purely reflex activity to its gradual, almost complete, control of the whole intricate mechanism of the adult organism is one of the most interesting and important that can be presented to the medical mind. Through the growth of the nervous system we can trace the awakening of consciousness, the mysterious birth of the Ego, and in it alone can we find the incomprehensible bond of union between the material and the immaterial. Without a clear comprehension of the unstable character of the infantile nervous systen and its sudden and excessive reactions to stimuli, many of the symptoms and conditions arising during infancy and childhood will be but imperfectly, if not falsely, understood. Sudden changes in rate of pulse and respiration, in temperature, in activities of the digestive and genito-urinary apparatus can find in this instability their only adequate explanation. Recognition of this fact will guard us against the too common fault of at once seeking for some germ upon which to throw the blame for the disturbances observed.

In the study of the digestive system and its functions there is one point which no doubt frequently escapes notice, and that is the important relation between the small size of the naso-pharynx and the performance of the act of sucking, and therewith the ability to take sufficient nourishment. This cavity is so small that it takes but a slight swelling or the secretion of only a small quantity of mucus to exclude it entirely, and thereby cut off the supply of air except through the mouth. This, of course, renders the act of sucking almost impossible, and will, if allowed to continue,

result disastrously for the infant. The rather more vertical position of the infant stomach, and the imperfect development of its greater curvature must be realized in order to appreciate the significance of simple regurgitation and overflow from repletion, as distinguished from true vomiting, the result of gastric disturbance.

We will be on our guard against dilatation of the stomach, knowing how readily distensible are its walls and how often nurses resort to feeding as their only known means of quieting a restless infant.

In the intestinal canal the relative shortness of the colon and its more pronounced sigmoid flexure, or even flexures, will render us alert to the danger of intussusception, and prevent us from overlooking its symptoms.

The process of dentition, with the great demands made by it upon the whole organism, must have a decided modifying influence upon all morbific influences occurring during the continuance. There has shown itself in late years a tendency to minimize this influence, and to deny the force of many of the careful observations made by older practitioners. Personally, I think the reaction against the perhaps too great importance formerly attached to teething has been excessive, and that not enough account is now taken of the results of the diversion of so much physical and nervous energy to the formation and eruption of the teeth, manifesting themselves often in remote and obscure symptoms. While not all symptoms during the teething period are to be directly ascribed to this process, it undoubtedly must be regarded as an important factor in their production and modification. The symptoms and prognosis of a disease occurring during active teething will be found to differ considerably from those of the same disease at another time.

Applying our knowledge of the influence of the nervous system upon the activity of the digestive organs, found even in adults, but to a much greater degree in children, we will be led to many measures in treating their disorders not suggested by these disorders themselves.

In the study of the genito-urinary system the pronounced effects of the reflex action of the nervous system, and its unstable equilibrium in the production of most serious symp-

toms remote from their origin, must ever be kept in view. We refer not only to the well-known effects of anatomical peculiarities of the sexual organs, such as tight prepuce, or hooded clitoris, but to the less frequently recognized symptoms due to the gradual development of the whole sexual system through childhood up to puberty. In all nature we find that the sexual system is the central point around which all the other activities revolve, and according to whose requirements they are more or less modified. The propagation of the species is the ultimate end of all nature's efforts, and in man alone has the sexual system been relegated, by a so-called higher civilization, to a subordinate position, and its demands misinterpreted, neglected, or suppressed. Too little attention is usually paid to this point, both on the part of the family physician and of the specialist, during the years preceding and following puberty. Not only does the whole physical organism sympathize with the increased growth and development of the sexual organs and functions, but the mental and emotional spheres are aroused and stimulated, often unduly, to new activities.

It requires the greatest tact on the part of the physician to steer clear between the Scylla and Charybdis of absolute silence on this subject and premature disclosures to his young patients. We have often to contend with the mother's fond belief in the perfect innocence and ignorance of her darlings on the one side and the father's desire himself to tell his son all about such matters, and thus to anticipate any information likely to be imparted by playmates. There is much in favor of allowing the parent or physician to be the first to speak of sexuality to a child, but the danger of telling too much is greater than that of telling too little. Let the information on any point be final, so as not so arouse curiosity, but let it not touch at all upon points which have not yet presented themselves as objects of wonder to the mind of the child. Let those practical people who are ruthlessly trying to kill Santa Claus, and to exterminate all fairies with infant powder, be the ones to tell the children where babies come from, and how they get there. I say, allow some field apart from the dull, gray road of monotonous daily life where the child's imagination may revel; it will soon enough be compelled to confine its

excursions therein to the very infrequent holidays in later life.

It is the part of a wise physician to control his patients and their environment at this critical time with definite instructions as to the expenditure of energy at home, at play, and in the school. I would here wish again to enter a short but solemn protest against the present senseless system of education, as pursued, especially in our public schools, whereby the scholars who are unfortunate enough to be able to pass through the prescribed course are sent out with a thin veneer of superficial culture covering unduly attenuated mental capacities in nervously exhausted and weakened bodies.

From a study of the skeletal system of the infant and child, and from a knowledge of its peculiarities, we will be enabled to guard against faults and diseases resulting from improper food, dress and exercise. What might be indulged in with impunity by an adult may, in the imperfectly developed child, be attended by most serious consequences, while, at the same time, conditions, irremediable in the former, may, from the same cause, be amenable to treatment in the latter.

It will be unnecessary to go into any further details. Enough has been said to show that the anatomical and physiological peculiarities of the immature have a decided effect in modifying the manifestations of disease, and that they should form the basis of the study of Pedology.

In the practice of medicine generally cultivated powers of observation are required, but in no branch of the profession are they as essential as in Pedology. Every sense must be called into play and trained to observe correctly, and with the finest discriminations. Symptoms learned, where possible, from the patient, if that patient be a child, are more frequently misleading than reliable, and the physician is usually thrown upon his own resources, and upon the knowledge gained from his own observation. Semeiology becomes, therefore, a very important adjunct to this study, and while seemingly dry and tedious to the student will stand him in good stead in later years.

If it be kept in mind that the children of the present generation will be the workers in the next, and that upon them

will depend the character of the future, the importance of a study of everything conducing to our power to give them sound minds in sound bodies will be manifest, and will tend to enlarge the scope of Pedology, and to give it a place among the essentials in the curriculum of every medical college.

OUR DUTY TO OUR CHILDREN.

R. L. Piper, M. D., Tyrone.

As each household is a kingdom unto itself so the rules and laws governing that household are necessarily modified by the conditions arising within it. Advice given to indulgent and loving parents is generally accepted "cum grano salis," not always from lack of confidence in the adviser, but generally because the recipients of the advice have magnified ideas of their own knowledge in regard to the government of their children.

Love throws a curtain over a multitude of shortcomings and blinds the senses to faults which to others are transparent as a ray of sunlight. Our own children are always superior to other children, and no amount of argument will convince us otherwise.

But our own responsibilities as physicians reach far beyond the limits of the confines of our own households. Our patrons place implicitly within our care and keeping the health and happiness of little ones whose lives are more precious to them than life itself, and they expect and demand from us that we utilize for their benefit all the methods which modern learning and modern science have taught us. Can you measure the responsibility?

But this is only the beginning. The physician who has the highest interests of his profession at heart is the one who not only endeavors to cure the sick but tries to teach his patients the best methods of keeping well.

We are the guardians of the health of the communities in which we live, and we are responsible, not only to the present, but to future generations, for the manner in which we execute our duty.

Our children are the children of our patrons, born and unborn. Probably the saddest sight which a doctor can wit-

ness are the little children coming under his care, diseased in body or mind or both, the results of vicious habits of parents or grandparents. The evil is often beyond our ability to eradicate.

Wherein does our duty lie? We cannot doctor the grandparents. They are probably taking their medicine in other regions. Medicinal action in regard to the parents can only wield influence as far as future procreation is concerned. Is not the crying need of the hour higher education in the matter of legislative reform, social reform, moral reform?

We, as doctors, limit our duties too closely to the immediate care of the patients who come before us in our daily routine. We should be educators, agitators if you prefer, in our own special communities. We should occasionally write articles for the local newspapers in our efforts to disseminate the best hygienic laws. We should explain to the youth blossoming into manhood that the preservation of his vital powers is the guarantee of happiness to himself and his posterity.

We should teach the young married couple that "like begets like," not only in physical contour, but also in mental symmetry and mental idiosyncrasy. We should teach them that the sacred altar of procreation should never be converted into a habitation of lust, but that pure thoughts, sound bodies and even tempers will insure offspring that will bless and be an honor to their ancestry.

Mock modesty is entirely out of place in a physician's armamentarium. Soul to soul, heart to heart talks with our patients will convince them of our interest in their welfare and do more good than a vast amount of prescribing.

It seems to me the laws of many of our States in regard to marriage are woefully deficient. The minister, and not the doctor, is the person who is supposed to be capable of judging whether a couple possesses the necessary mental and physical qualifications to enter married life, and you all know what a wonderful inducer the prospect of a nice fat fee is.

I think you will agree with me when I say that the State of Pennsylvania should pass a law requiring every couple about to be married to furnish a certificate of sound health in mind and body to the officiating clergymen or justice.

We exercise the greatest of care in the propagation of species in the lower animals, but every Tom, Dick and Harry who wants to can get married and thrust upon the carpet of life a lot of miserable, half-nourished, half-developed, deformed creatures called children, and there is no law to prevent it. Human degeneration has recently forced upon us the humiliation of sitting under the shadow of a great blot upon the civilization of our magnificent country, and it should be our united effort to develop and teach our children and our children's children that health is more than wealth and that happiness is the reward of virtue.

EXPERIENCE THE MAIN GUIDE IN INFANT FEEDING.

C. W. Simmons, M. D., Philadelphia.

The feeding of infants is a difficult problem, and it is rendered even more perplexing for the young practitioner, who through lack of years of experience is dependent upon the writings of our eminent pediatrists, no two of whom are entirely in accord.

Rotch tells us that cows' milk, modified in the laboratory to suit individual cases, is the most perfect substitute for healthy human milk that science has yet devised. Starr emphatically states that he has not found it so.

Bigler teaches the home modification of cows' milk. Jacobi condemns Laboratory Milk and claims that the youngest infant is capable of digesting amylaceous substances. Equally as prominent physicians are almost a unit in their dissent from this.

Jacobi, Koplik, Soxlet, Booker and others favor the sterilization of milk for infants. Freeman tells us it is not a proper food.

Jacobi, Fischer and Brush recommend cane sugar in a baby's food in preference to milk sugar. Rotch, Bigler and others claim that cane sugar is not the proper form of sugar for a baby's diet.

Fischer, Griffith, Cotton, of Chicago, and others recommend egg-albumen in certain conditions. Kerley says it is

of no value, and so it goes. Each one's experience is different.

Laboratory milk is, theoretically, the ideal diet for the infant, as the percentages of proteids, sugar, fat, etc., can be accurately adjusted according to the requirements of each particular child, yet it has been found to be too expensive for the average family, besides failing to meet the requirements in a large proportion of cases. A prominent western physician of the dominant school states that Laboratory milk, in his experience, is a success in the hands of experts in 5 per cent. of cases, a partial success in 9 per cent., and a total failure in 65 per cent. of all cases.

Starr and others claim that the separation of the component parts of cows' milk by mechanical means and the recomposition of the same is a procedure of doubtful value. When the natural emulsion of the fat is once destroyed, as it is in the Laboratory milk, it can never be restored by mechanical means. This not only does not give the fat to the child in proper form for its digestive powers to act upon, but increases the number of cases of infantile constipation.

A German writer recommends a very simple method which renders cows' milk perfectly digestible for the youngest infant. The milk previously boiled is heated to body temperature, then coagulated with rennet. The coagulum is then completely broken up with a beater. The suspension will eventually be so fine that the finished product can hardly be distinguished from the unaltered milk. This authority claims this method to be preferred to the usual addition of cereals which he claims infants do not always take well.

As against this latter we have such authorities as Chapin, Jacobi and others arrayed, and even those who advocate the addition of cereals to milk to attenuate the curd are divided. Chapin claims that better results are obtained by dextrinized gruels, while an article by Dr. White, of Boston, says that a series of his own experiments have conclusively proven that cereal gruels which have not had any digestive ferment added, but contain the starch *unconverted*, produce a finer and softer curd, thus agreeing with Jacobi that young infants can digest starch.

That most eminent pediatrist not only claims that the youngest infant can digest starch, but that it is needful for them, as it prevents putrefaction in the intestinal tract.

Dr. White, of Boston, who claims better results in the attenuation of the curd with cereal decoctions which have not been dextrinized, states that in his experiments the best results are obtained when the amylaceous matter is present in about ¾ of 1 per cent.

All these theories, however, are based on the use of cows' milk for bottle fed babies. As one writer says: "In doing this we attempt to play a trick on the cow, the milk of the cow being selected, as a general rule, with the result that the first summer sees established diarrhœal and dysenteric diseases, cholera infantum, cerebro-spinal meningitis, and, in the absence of any other term, marasmus, so that only one-half of us survive this method of living. The milk of the cow was intended for the baby calf. Nature was not considering the birth of the human child when she provided milk for the cow. It not infrequently happens, although the mother has abundance of milk, she refrains from nursing her offspring because of her desire not to spoil her figure, considering the milk of the cow a proper substitute for her own."

Without question it is the best substitute we can get when the child must be reared by hand, and all physicians seem agreed upon this point, namely, that fresh cows' milk in some form, should enter into the diet of the bottle-fed infant, and that the milk should be clean and pure.

The eminent Dr. Koch, however (whose paper I had the pleasure of hearing), said before the recent Congress of Tuberculosis that tuberculosis could not be transmitted to the infant through cows' milk. Here we have another dissenting opinion on this important subject, and one which antagonizes the heretofore almost general belief.

This subject of infant feeding is certainly one of the most perplexing with which the physician has to deal. Such diversity of opinion would seem to indicate that there are no fixed rules on the subject applicable to all infants, and such is the case, as I think all physicians will agree, for what will agree with one child will not agree with another.

It seems to me, therefore, that Jacobi is right, when, after listening to the different views of those present, he said before the Pediatric Section of the American Medical Association in 1900 that—"If anyone came here with the expecta-

tion of learning anything about infant feeding they would find they were mistaken, as he had found that the only guide to go by is brains plus experience."

A CASE OF BOWEL OBSTRUCTION.

THEODORE SURETH, M. D., SCRANTON.

I am going to give you a brief report of a case of acute obstruction of the bowels in a baby boy eight and one-half months old.

This little fellow was seized with a violent attack of colic on Friday, May 10, 1901, about 7 P. M. I was called in one hour and a half later (8:30); found him sleeping in his mother's arms, his face and brow covered with cold perspiration, and a peculiar expression on the face which I am safe in calling facies, because it was unlike anything I have ever seen in ordinary colic; his pulse was quite rapid, in all giving a picture of shock. I questioned the mother in regard to his previous health and habits, and was told the child had been perfectly well up to the time when seized with this attack. The father said it was his habit, on his return from work, to pick up the child under the arms, throw him up in the air and catch him, then toss him over his shoulder, etc., and it was after one of these acrobatic performances that this trouble came on. When the child was seized with the pain the mother gave an injection of warm water into the bowels, which resulted in a large movement, the child also vomiting. I then prescribed Verat. alb. and sat down to study my little patient. The child slept quietly in its mother's arms, the sweat dried up, the skin became warm and the case seemed better, with the exception of the expression of the face, which was unchanged. At the end of thirty minutes I told the parents I thought the baby was better and I would go home, with the understanding that I should be notified immediately on a return of any more trouble. His little babyship, however, would not have it that way; his baby instinct, revolting at the idea of losing a golden opportunity of unearthing the cause of his trouble, woke from his sleep, climbed up on his mother's shoulder and screamed with pain.

I changed my prescription to Colocynth, and examined the child's abdomen. The walls being rigid from crying and straining, not very sensitive to pressure; the child, though, would grasp my hand and push it away, indicating by this that his trouble was within the *abdomen*. Colocynth did not relieve the pain. I then placed the little fellow on his mother's lap, elevated his hips, passed a No. 10 catheter up in the bowel, and, with a fountain syringe, gave him a high enema, for which I received in return a little spot of blood and water, but no fæcal matter. The child kept on crying and writhing, and the case grew more and more interesting. My next move, a half-hour later, was to ask an assistant to hold the child up by the heels, with its head resting on its mother's lap. In this position I again passed the catheter and, with the fountain elevated about four feet, injected two quarts of water, containing three tablespoonfuls of Olive Oil, stirring it with a spoon to keep oil and water mixed, with the same result as before, a little spot of blood, and water not even stained with fæcal matter. The child was more comfortable in this position than when flat on his mother's lap; this, together with the unfavorable results from the injections, suggested an acute obstruction of the intussusception type, and I so explained to the parents.

I continued the injections of water and oil at intervals of thirty minutes until 2:30 A. M., with results as above stated. I then stated to the parents that I had employed all the means usually recommended in cases of this kind, and without benefit, and that the only remedy left that offered the baby a chance was a radical operation. I ordered them to continue the injections for the relief of pain, and to think carefully over the matter of operation, and I would call later. At 8:30 A. M. I called Dr. J. L. Peck, and together we called to see the little patient. We found him in about the same condition as when I left him; the injections had been given at intervals of one hour, with no better results than before. Dr. Peck examined the case, and, together with its history, decided that the only means of relief was an operation. This was agreed to by the parents, and the little fellow was removed to the Hahnemann Hospital, prepared, and at 10:30 was taken to the operating room. The anæsthetic given was chloroform, and when fully under its in-

fluence another examination of the abdomen was made and a tumor in the region of the hepatic flexure of the colon was easily made out.

An incision about two and one-half inches in the median line, just above the umbilicus, was made, the intestines were carefully drawn down, and the tumor, which was about three and one-half inches in length, brought in sight. The obstruction consisted of bowel telescoped from above downward, and already quite blue in appearance. The mass yielded readily to gentle traction, no adhesions having yet formed, after which the bowels were replaced in the abdomen, the wound closed, dressed, and the patient returned to the ward, the procedure taking about twenty minutes. About four o'clock in the afternoon of same day the child's bowels moved. We had no more trouble with the little fellow; he made a speedy recovery, was sent home at the end of two weeks, and has been well ever since.

I stated above that I had employed all measures recommended in cases of this kind. I did not, however, wash out the stomach, because vomiting was not a prominent symptom. I did not inflate the intestines with warm air, because I had not the means at hand to do it with; neither did I apply massage over the abdominal walls, because it is not without danger, rupture having resulted from same. I did not administer anodynes for relief of pain, because the injections given in the position described had that effect. I was careful not to elevate my fountain syringe too high, for fear of rupturing the bowel, four feet being the *limit*.

In conclusion, will say that I treated the case carefully, using such means as would yield the best results with the least possible harm to the patient. To resort to violent means, which might call for a radical operation under unfavorable conditions, seemed to me impracticable; therefore, recommended early operation, which did all that could be desired.

REPORT OF THE

SECTION OF MATERIA MEDICA.

The Student and the Materia Medica, by W. A. Seibert, M. D.

Morbid Mental Irritability, by A. J. Bittner, M. D.

A Knowledge of the Materia Medica an Essential of Sound Homœopathic Practice, by A. P. Bowie, M. D.

The Pharmacopœia and Materia Medica Revision, by T. H. Carmichael, M. D.

The Homœopathic Dose, by Edward Cranch, M. D.

A Few Thoughts on Our Materia Medica, by Aug. Korndœrfer, Sr., M. D.

The Neglect of Homœopathic Materia Medica and Therapeutics, by C. S. Middleton, M. D.

Application of the Homœopathic Materia Medica to Pediatric Practice, by C. S. Raue, M. D.

Excerpts from Practice, by R. T. White, M. D.

THE STUDENT AND THE MATERIA MEDICA.

W. A. Seibert, M. D., Easton.

It has been said that "Death borders upon our birth," that we begin to die when we are born. With equal propriety it might be said that our Materia Medica education begins in childhood, aye, with our birth; but there is a distinct epoch in which occurs the phenomenon that we recognize as death, and so there is a distinct period when one's study of Materia Medica begins. This latter distinctive period should be, and now we are glad to say, required to come only after a sufficient preliminary education. The student entering upon this study is now supposed to be well equipped so as to be quite able to fully comprehend any subject that confronts him.

Given then, on the one hand, the student who is thus prepared and convinced of the plausibility of Homœopathy; on the other hand, that important subject of the homœopathic Materia Medica before him for mastery. With the inquisitiveness and eagerness to learn it that must have possessed us all at some time, he looks into his preceptor's books on Materia Medica. At the same time that he is reading and studying his Organon, he picks up the Materia Medica Pura, Hering's Condensed, etc., and closes them after deciding that he is not yet ready for such encyclopædic enumeration of symptoms. If, then, he observes that there is an Encyclopædia of Materia Medica, a so-called Guiding Symptoms of ten (10) volumes, repertories that rival Bible concordances, etc., etc., it becomes necessary for the preceptor to "take a hand" lest the student become mutinous. He is therefore directed to a shelf containing so-called textbooks, epitomes, handbooks, keys, primers, essential characteristics, etc., etc. His ambitions are revived only to be again jarred if the first book he picks up should perchance be Bœnninghausen that was misplaced on the shelves referred to because of its size. An inquiring, and it may be by this time skeptical, mind will now take down one after another of these smaller books, compare the same remedy as outlined in each of them, and is reconciled by the fact that there at least seems to be some little "method to this madness," but decides that he will wait until the Materia Medica professor clears up the haze he now finds himself in. The remainder of the vacation is consumed, as far as Materia Medica is concerned, in a study of the spelling, accentuation and pronunciation of the names of the remedies, their abbreviations, synonyms and common names; the botanical groupings, habitat and parts used; drug power of the tincture and methods of preparing dilutions and triturations; the physiological dose of the remedies; the names and doses of the alkaloids and important products, and prescription writing. Such is the nature of the work that a zealous candidate for Materia Medica study will probably engage in after the best preliminary college training. His preceptor may find it necessary to enjoin him to re-read the Organon, moreover, before he is quite ready for all that his professor of Materia Medica is going to tell him.

The student's vacation is over and he finds himself at last in a hall of learning, with his receptive faculties gasping widely, to imbibe the coveted knowledge regardiug Materia Medica. What occurs there is best related by the teachers themselves, who were good enough to give us a concensus of their opinions regarding the best methods for the teaching and studying of this most important branch at the Denver meeting of the American Institute in 1894. Dr. Frank Kraft, who was the efficient chairman of that Materia Medica Section, has earned a lasting gratitude from each and every student for this compilation of opinions now published in brochure form. According to the school he attends the student will be taught, there being a great diversity of opinions not only as to how to teach but also as to what to teach. The many text-books and manuals that are now on the market are each of them also only another idea regarding the mooted question of what to teach and what to learn. It is not the burden of this paper to review these opinions, that has been freely done. Nevertheless, no well-defined mode of procedure has been furnished as yet to the satisfaction of the student, when he first enters upon this Herculean task. The latest and most conservative conclusion drawn—shall we also say the best—was that by Dr. Dewey in a recent address at Chicago. He says that *all* have good in them, and adds a number of very useful and interesting "pointers."

The one criticism to it all that we would add is that the opinions collated are almost without exception from the teacher's standpoint, and that we do not quite agree that to teach is to study and that to study is to teach. It might be equally interesting to read a compilation of the views of the students, and we venture to say that many racy arguments that were hitherto not dreamed of would be ushered into existence. The fact remains not only that there is a great diversity of opinions as to the method of teaching Materia Medica, but also a great variety of ideas as to what should be taught.

From the student's standpoint for the study of Materia Medica and its comprehension, our advice to fellow students would be that, with the aid of a preceptor whom they look up to, they adopt a college whose Materia Medica professor

has ideas and employs methods that appeal most strongly to their own. Then to devote themselves studiously to his lectures and instruction, do collateral reading in only the *one* text-book that he prefers, and then work assiduously in harmony with the teacher, whether all he says does or does not coincide with their views. In addition to this one caution of dissension and antagonism that makes families inharmonious, and defeats the happiest ends always, we would forewarn against the waste of time in the futile search for a "royal road" to this "Mecca" of learning. There is no one epitome that fully satisfies the cravings of one that has studied the sciences and arts as taught in our colleges and universities. He may depend upon it, the search for that hand-book is only the idle waste of time spent in catching a Jack-o'-lantern.

Now the first term of Materia Medica lectures has ended and the student, during the vacation, has prepared for more advanced work than he could do a year ago. He takes up the Materia Medica Pura and observes that forty-five (45) symptoms under Aconite are italicized, and he remembers that the Organon classifies symptoms. The italics, therefore, presumably form a class, those in common type another class. Unfortunately Hahnemann does not, to our knowledge, specify anywhere in his Materia Medica Pura precisely why he italicizes. But the point made, and that must now and at once be settled, is, that there are different kinds of symptoms, or that they are of varied importance. Before advancing any further it becomes necessary for the student to comprehend this subject. What are symptoms, what do they signify, and into what classes can they be divided and subdivided so as to help us to comprehend them, their import and their application? This is an all important subject, and it is here that the student can spend much time. It is with great pleasure that we see the subject is being taken up for elucidation by our able seniors. It is the great "bone of contention," and leads to a diversity of opinions regarding their relative value for prescribing and for learning. Therefore, before settling down to the more thoroughly familiarizing one's self with the symptomatology of the Materia Medica, the conscientious seeker after knowledge now devotes

himself to a study of the different kinds of symptoms and their relative value.

In order to study the classification and import of the symptoms of the Materia Medica it is necessary also to know their significance in cases of disease, and the student will find it necessary to study them together to avoid confusion. If they were identical this would not be necessary, but they are only similar. The Organon treats more or less fully on this subject, but we wish Hahnemann had dealt more fully with it. In § 153 he speaks of the "more striking, singular, uncommon and peculiar (characteristic) symptoms" of the case of disease as the ones to be "chiefly and almost solely kept in view," in contradistinction with the "more general and undefined symptoms, as are observed in almost every disease and from almost every drug." This all presupposes a familiarity with the *less* striking and common symptoms, or how could we recognize the *more* striking, singular, uncommon and peculiar? Therefore, the logical conclusion is that it is absolutely necessary to be familiar with diagnosis, ætiology and pathology. If we could not recognize the symptoms common to yellow fever how could we know the uncommon? If we would not know the peculiar (characteristic) symptoms of yellow fever, how could we ever know it was yellow fever at all?

The symptoms found in disease, therefore, may be classified, for purposes of homœopathic prescribing, into:

1. *General or Undefined Symptoms*, as headache, debility, loss of appetite, etc.

2. *Common Symptoms*, by which we understand those symptoms that are commonly combined to form a disease, as those symptoms that are common to typhoid fever, measles, mumps, etc.

3. *Individualizing Symptoms*, by which we mean some "striking, singular, uncommon or characteristic" symptom or symptoms, by which we distinguish this case of scarlet fever or measles from the others, and this is the all important symptom by which we finally select the one indicated remedy. This must not be confounded with the pathognomonic symptom of the disease, which is quite a different matter.

Hahnemann has said that the individualizing symptoms

are the ones that must be chiefly and solely kept in view, but we think he does not thereby mean that the general and common symptoms are to be disregarded. Far from it. No matter how closely you can match the peculiar symptom it is of no account whatever when not accompanied by the *very* important general and common symptoms of the case.

The student will now without delay again revert to the Materia Medica and proceed to classify the symptoms here compiled. Now he finds employment for the remainder of that vacation; but after this kind of work goes back to his last term of lectures well equipped to comprehend more fully and absorb retentively much more than the candidate for a degree who has not pursued a similar line of study. He may also learn to know what men have meant when they spoke of that "picture" of the remedy that one hears about but can never see; and he may now be able to speak of the "genius" of a remedy, know what he himself wants to tell, and yet which those whom he talks to will hardly comprehend.

The Materia Medica is an arrangement of symptoms compiled from provings, voluntary and involuntary; cases of poisoning, accidental and suicidal; experiments on animals, and so-called clinical symptoms that are observed in sick people as a result of remedies administered for their cure or at least during their administration. There is much contention regarding the relative value of these classes of symptoms, and therefore a classification is difficult, and many manuals are possible. One thing seems certain, and that is, that however caused the symptoms are not all equally valuable, and many factors, like the intelligence and reliability of provers and observers, enter in to make them more or less so. It will occur to the student accustomed to mathematical accuracy that after the symptoms are arranged—it may be in rubrics—that some symptoms should be emphasized more, some less, and all of them graded according to the relative frequency with which they recur in the poisoning and proving records from which the symptomatology is made up, provided his theoretical understanding of the homœopathic ideal is correct.

He takes up the Materia Medica Pura, Bœnninghausen, Hering, Cowperthwaite and book after book to find that

his suspicions are well founded, for almost without an exception there is an attempt made to grade the symptoms into two, three, four or more classes by italics, different sizes of type, or characters of some form prefixed. He will search in vain for an author who has taken up one book after another, beginning with Hahnemann and ending with the latest book published, probably Bœricke's Manual at this writing, and harmonize these different classes so as to arrive at one authoritative and harmonious conclusion. This is all necessary or his conviction of the superiority of Homœopathy is shaken. Not finding such a text-book he sets about the work himself in this manner:

On account of the size of this paper, however, this most interesting illustration must constitute the delightful burden of a supplementary paper.

Having now graded the symptoms of the Materia Medica, the student again finds himself constrained to consider how these are applied to the cure of disease. He remembers his former classification of symptoms in the sick, into general, common and individualizing classes, and that the peculiar, *i. e.*, the characterizing or individualizing symptom, in the patient is the one by which the simillimum is found.

Before prescribing at the bedside the student has become so familiar with a sufficient number of remedies that immediately when the common and general symptoms of the case are observed a group of remedies suggest themselves, from which the simillimum is selected by the aid of the peculiar or individualizing symptom or symptoms of the case. The greater the similitude, the more rapid the cure, and when the peculiar symptom of the case is also a remedial symptom of a high grade, and the common and general symptoms are simultaneously covered, then, and at once, the curative response to that medicine, administered in a potentized form, is miraculous.

The next step is as to what shall be studied, and how. It has been said that the full knowledge of a subject consists in knowing some of it, and knowing where to find the rest of it. It may be advisable, therefore, that each student work out for himself just what he would know of Materia Medica by memory, for in that way he certainly acquires a better knowledge of the location of matter that he can readily refer

to when needed. Theoretically, the first grade symptoms, the grand characteristics if you so please to call them, are the ones to commit to memory, but it would be only a very imperfect knowledge of Materia Medica that the student would acquire if he stopped there. Furthermore these symptoms do not form a picture at all, nor even a skeleton of the remedy. They will serve, it is true, as hooks to which much that will be learned later will hang, but the sphere of drug action, the relationship of the remedies, a comparative study of the modalities, a comparative study of any symptom or class of symptoms, etc., etc., all will furnish equally interesting topics for future study and consideration. Nor does this gainsay the employment of any and all means to aid the memory, as the physiological, or pathological, or toxicological, or biochemical, or psychological, or any other explanation of the existence of symptoms. The one labor that we would hail with particular delight is the incorporation into as small a scope as possible of comparisons that will aid to fix in the memory by that greatest aid to memory—repetition, repetition, repetition. It is in this way, or some other good way, not to mention that very best method, the work of proving drugs, that the student can advance in the comprehension of this most difficult subject. In any event it means work! work!! work!!! Or, as that eccentric editor of The Philistine says: "If you want something you should pray for it as if you had no hope on Earth, and work for it as if you expected no help from Heaven."

MORBID MENTAL IRRITABILITY.

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Mental irritability from slight or imaginary provocation is a symptom of many diseases. The brain may be susceptible to the influence of a disease process in almost any part of the body.

In the adult this is sometimes a dangerous symptom. Courts of law are continually sending unfortunates to insane asylums who have committed crimes by reason of irritability due to disease. In my experience epileptics with mental impairment are especially to be feared.

It is not advisable to discuss this symptom irrespective of cause. Some of the conditions exciting it are incurable, as paranoia and paresis; others are too general, as sleeplessness from any cause or pain in any part of the body. It is also probable that in remedies which have it as a symptom from only one prover that it was sometimes due to the prover, not to the drug. We are consulted in reference to this symptom mostly for children and adults with impaired mental faculties.

Irrritability is a symptom of more than one hundred remedies. The principal ones are Acon., Agar., Anacard., Ant. crud., Ars., Aur. met., Bell., Bry., Cham., Cina, Coloc., Hyos., Ign., Nux, Puls., Sepia, Staph., Stram. and Sulph.

In order that they may be easily compared, studied and remembered the remedies and symptoms are classified and tabulated. In the first column are the remedies in alphabetical order. In the second, the particular symptoms of irritability. In the third, temperament and conditions (important in mental symptoms). In the fourth, general characteristics of the remedy. In the fifth, aggravations and ameliorations.

For ease in comparing some of the symptoms have the names of remedies after them (in brackets) which have similar symptoms or, if especially noted, reverse symptoms.

Remedy.	*Symptoms of Irritability.*	*Temperament and Conditions.*	*General Characteristics.*	*Aggravations and Ameliorations.*
Acon.	Vexation about trifles (Nux vom., Bry.).	Nervo-sanguine temperament. Rheumatic diathesis; dark hair; rigid fibre; plethoric.	Great mental distress; fever; restlessness.	< in the evening and night-warm room. > open air.
Agar.	Ill-humored; self-willed, morose; stubborn (Bry., Cham., Nux). Is a good symptom.	Light hair, lax skin and muscles; old people with indolent circulation; drunkards.	Indifferent or morose and stubborn. Feels as if limbs did not belong to her.	< eating and mental application; from coitus. > generally from motion, as walking.

Remedy.	*Symptoms of Irritability.*	*Temperament and Conditions.*	*General Characteristics.*	*Aggravations and Ameliorations.*
Anacar.	Very irritable, passionate and contradictory (Bry., Cham., Nux vom.). Irresistible desire to curse and swear.	Nervous, hysterical females; old people; hypochondriacs.	Great weakness of memory; pain as of a plug in different parts, or hoop around affected parts; no confidence in self. "Essentially similar to Rhus tox."—Allen.	< Rising up. > lying down and rubbing affected parts.
Ant. crud.	Sulky; does not wish to speak to anyone. Child is fretful and peevish; does not wish to be touched (Cina), or looked at.	Children; young people that grow fat; old persons.	Thick, milky-white coating on tongue. Fretful, peevish disposition.	< after bathing; after eating; from wine (Nux vom.). > during rest in open air (Puls.).
Ars.	Fretful, fault-finding, easily angered (Bry., Cham., Nux).	Old people.	Great restlessness; profound exhaustion; rapid emaciation; peculiar thirst; burning pains, especially in inner organs.	< after midnight; cold in general. > warmth.
Aur. met.	Peevish and vehement; the least contradiction excites wrath (Bry., Cham., Nux).	Sanguine temperament. Scrofulous subject with light hair and ruddy complexion; corpulent old people.	Desponding; melancholy, with suicidal tendency. Boring pains in extremities at night.	< getting cold; at rest. > getting warm, and when walking.
Bell.	Furious rage; anger; disposed to strike, bite, spit at those around him (Hyos., Stram.); to tear things to pieces.	Plethoric; lymphatic constitutions; women; young, full-blooded persons.	Face red; throbbing carotids; hard, bounding pulse; delirium always attends its action. Pains come and go suddenly.	< after 3 P. M., and again after midnight; heat of sun (Ant., Crud.). > wrapped up, in a warm room; rest of the head.

Remedy.	*Symptoms of Irritability.*	*Temperament and Conditions.*	*General Characteristics.*	*Aggravations and Ameliorations.*
Bry.	Very morose, ill-humored (Agar., Cham., Nux), and exceedingly irritable (Aur., Cham., Ign., Nux).	Bilious; dark complexion; firm fibre; rheumatic diathesis.	Sticking, tearing pains; inclined to anger; headaches, frontal, and more severe occipital.	< motion, warm room. > rest; cool air.
Cham.	Fretting about trifles (Acon); irritable mood (Anac., Bry., Nux v.); peevishness, ill-humor; child wants different things and refuses or repels them when given (Cina); child cries, quiet only when carried (reverse, Cina).	Children, especially when teething; nervous, excitable persons; arthritic or rheumatic diathesis.	"The opium of Homœopathy." "The patient is peevish and irritable, and cries and whines continually if it cannot have its own way. If a child it must be petted and carried continually. The adult is very sensitive to pain, which seems unendurable, and she is all the time whining and complaining; these symptoms call for Cham. no matter what is the nature of the ailment."—*Cowperthwaite.*	< anger (Acon., Cina, Colo.); lying down. > motion.
Cina.	Averse to being carried (reverse, Cham.); cannot be quieted; rejects everything offered (Cham.).	Children.	Peevishness and inability to quiet child. The symptoms are almost all secondary to intestinal irritation from round and thread worms.	< night.

Remedy.	*Symptoms of Irritability.*	*Temperament and Conditions.*	*General Characteristics.*	*Aggravations and Ameliorations.*
Colo.	Extremely irritable and morose; easily offended (Nux); anger with indignation (Bry., Nux, Cham.).	Scrofulous constitutions; torpid, cachectic persons; bilious, rheumatic diathesis.	Severe colicky pains > on bending double; not relieved in any other position. Great tendency to cramps and cramp-like contractions of all the muscles of the body.	< anger (Acon., Cina, Cham.); after eating and drinking. > from discharge of flatus; bending double; hard pressure on affected part.
Hyos.	Jealousy, rage, scolds, swears, tries to injure others; strikes, bites, wants to kill.	Nervous, excitable persons; old men and children.	Increased sensorial activity and excessive nervous excitement. Quarrelsome condition.	< menses. > stooping.
Ign.	Slight blame or contradiction excites him to anger (Aur., Bry , Nux.).	Nervous, hysterical females of mild, but easily excitatable nature; nervous children.	Finely sensitive mood, with tendency to sadness and silent grief, continually brooding over imaginary wrongs (reverse Puls.) Sinking sensation at pit of stomach. Peculiar contradictory symptoms.	< tobacco, coffee, alcohol; in the morning; immediately after waking. > lying on back or on painful side; frequent change of potion.
Nux vom.	Quarrelsome even to violence; ill humored, finds fault; morose, stubborn (Agar., Bry., Cham.). Always irascible. Irritable from coitus (Staph.) and anxiety.	Fiery, excitable temperaments. Thin, irritable, choleric persons; debauchers. Persons making much mental exertion, or lead sedentary lives.	Digestive disorders from long continued errors of diet; highly seasoned foods, alcoholic drinks, hot medicines and drug mixtures. Always irascible. Awakes late "played out."	< after mental exertion; after eating, especially after dinner. > of all pains after cold sweat.

Remedy.	*Symptoms of Irritability.*	*Temperament and Conditions.*	*General Characteristics.*	*Aggravations and Ameliorations.*
Puls.	Hypochondriac, moroseness; out of sorts with everything (Nux.). Ill humor, fretful (Cham., Bry.).	Phlegmatic temperament. Women and children; sandy hair, blue eyes, pale face.	Silent grief and tearful, but confides her feelings (reverse Ign.). Sadness and melancholy. Symptoms ever changing. Catarrhal affections, with greenish-yellow discharges.	> evening to midnight. > open air; cool place and lying in bed.
Sulph.	Peevish; irritable; fretful; ill-humored, quarrelsome (Bry., Cham., Nux).	Lean, stoop-shouldered persons.	Hungry and faint in the morning. Hard to find the "genius."	< rest; warmth; touch; bathing. > motion; on walking.
Sepia.	Irritated by noise and disturbance. Quarrelsome (Bry., Nux); scolds much.	Dark hair; women, especially in pregnancy and puerperal state.	Emptiness and goneness in the epigastrium (Ign.). Venous congestion causing relaxation of various organs.	< eating; sexual excesses; sitting. > open air.
Staph.	Very peevish; throws or pushes things away indignantly (Cham., Cina) in the morning. Irritability from coitus.—Bœnninghausen.	Scrofulous diathesis.	Pain in limbs; sore as if bruised, and no strength in them. Symptoms of irritability are characteristic.	< touch.
Stram.	Furious (Bell.); attacks of rage with beating and striking, screaming, biting, scratching.	Children; young, plethoric persons.	Acute maniacal or delirious symptoms Alternately exalted and depressed.	< from anything exciting the senses. > from moderate light.

A KNOWLEDGE OF THE MATERIA MEDICA AN ESSENTIAL OF SOUND HOMŒOPATHIC PRACTICE.

A. P. Bowie, M. D., Uniontown.

"The subject of medical art being the human organism, there are two things which the physician has to do for it; he has to preserve it in health and when necessary free it from disease." Thus has Hughes, in his knowledge of the physician, summed up our life-work.

The first part of the subject, that pertaining to hygiene, we will not dwell upon, but that part relating to disease and the medical care of disease is to the homœopath founded upon Materia Medica, that branch of medical education that nowadays is overshadowed by surgery and their forms of specialism. One of the old arguments, however, to combat Homœopathy was, that there were no surgeons in our school, and time was when there were very few who wielded the knife, but, alas! to-day too many of our young men are devoting themselves to this branch of our art and neglecting the study of Materia Medica, and only here and there can we point to a Materia Medicist (a new term in our school).

All the elder homœopaths were masters of Materia Medica, and it was this fact that gave our school its prestige and upon this line our victories were won, and the student to-day who neglects the study of Materia Medica neglects the weightier matters pertaining to his profession.

When we look over the curriculum of the medical colleges to-day and see what a multitude of subjects are presented for the consideration and study of our students, no wonder that the Materia Medica part is neglected and that students graduate who can operate for appendicitis but who cannot cure a toothache.

All the schools of Materia Medica to-day have too many so-called specialists, but all homœopaths should be specialists in Materia Medica, for it is the foundation upon which we have built and where our strength lies. Therefore, we cannot spend too much time on this subject, and I would

like to see the transactions of our society largely composed of articles on Materia Medica.

A list of compends, characteristics and condensations have appeared in our literature of late years, but what we want is complete Homœopathy as far as it is possible. Hering wrote years ago: "All these epitomes have done harm to the profession; students get bewildered by them, and indifferent practitioners are misled. Such physicians of our school as take for their leader the real Materia Medica, and not the distortions of its despoilers, will be the leaders of the rest."

Constantine Hering was not the man to be always harping on the imperfections of our Materia Medica, but his life-work was to perfect the Materia Medica, and he has left us a precious legacy and example to follow in this regard.

Some one has written: A great deal of the wisdom of a man in this century is shown in leaving things unknown—a great deal of his practical good sense in leaving things undone.

It is no longer possible to know everything. A universal scholar will be no more seen among men.

One man chooses his specialty, and devotion and diligence in that is the price he pays for success.

Let us take for our example the masters of Materia Medica, Hahnemann, Hering, Jahr, Hempel, Lippe, Dunham, Guernsey and Farrington and our last of living authors striving for this end. Let our specialty always be the Materia Medica, for it is the fundamental of our art and by which our cures are wrought in practice.

The verification of the symptoms of our Materia Medica and the proving of new drugs with the reproving of the older remedies will give us plenty to do, and may the Homœopathic Medical Society of Pennsylvania lead all the other societies in this regard is my earnest wish.

DISCUSSION.

Dr. E. C. Parsons: I am very much gratified to hear such sentiments expressed in this Society. I think it is important that the influence of the State Society should be wielded for pure Homœopathy. I think that when a man holds a professorship in a homœopathic college—even if he is a professor

of some specialty—he should pose as a homœopath. Personally I desire to see the time when every specialist shall be an earnest homœopath and teach pure Homœopathy to our students. It seems to me that this is the most important point to be considered in this whole matter, and I hope, therefore, that we shall have a free expression on this subject by the members of this Society, that there shall go out from this Society such an influence that shall tell upon the teaching of pure Materia Medica in our colleges.

Dr. Aug. Korndoerfer: As I have a paper in my pocket ready on exactly the same subject, I shall now say what I have written in it. It is always with pleasure that I listen to any paper tending toward the development in the Society of a spirit looking toward the development of Materia Medica and its application to the study and practice of therapeutics.

Unfortunately, it has been for sometime, as the doctor has suggested, the fad to go into surgery and the specialists' work, and, unfortunately for our school, our specialists have fallen into the line of their allopathic forerunners.

We have comparatively few specialists who know anything about homœopathic therapeutics. We have but very few specialists who care anything for homœopathic therapeutics. I converse with them frequently, and I tell them that it is the worst charge that can be brought against them. They are good surgeons or good specialists so far as mechanics are concerned, but they are not physicians! They are mechanics. As mechanics I honor their skill and regard it with esteem, but they are mere mechanics. Beyond that they cannot go until they apply scientific therapeutics to the treatment of their cases. The hap-hazard general method which is usually applied brings about merely palliative results, and frequently produces complications that I do not consider scientific at all. That kind of practice belongs to the charlatan, to the untrained, to the unskilled. It has no place in schools of homœopaths and should be relegated to the shades of darkness and ignorance from which it sprung and to which it properly must go.

Dr. L. H. Willard: In regard to the teaching of Materia Medica one great fault (it is not the fault of the surgeons), as we have unfortunately seen in some of the students who

come here, is that they have not been properly taught Materia Medica. We have seen it in other places than this hospital, that they have not been properly instructed in Materia Medica. The proper instruction in Materia Medica to students is the foundation of their future ability to apply homœopathic treatment. How will they ever acquire that knowledge unless it is properly taught them? I say it very boldly here, and very openly, that there is not sufficiently thorough teaching of the homœopathic Materia Medica.

THE PHARMACOPŒIA AND MATERIA MEDICA REVISION.

T. H. Carmichael, M. D., Philadelphia.

In a brief manner I wish to call attention to what may be called a crisis in the history of our school of medicine, and to suggest one of the means by which it may be successfully met. Our Materia Medica, consisting of the so-called drug provings, is the great contribution of Homœopathy to medical science. When properly applied according to the principle of Similia Similibus Curentur, it affords the surest and best means of curing disease. It has been the distinctive feature upon which the school has won the successes of the past and attained its present influence in the medical world. Its creation began with Hahnemann and his associates, upon whose work we are largely depending at the present time. Other provings were added at intervals during the last century, the greatest work in this line being that of Dr. Hale which is incorporated in his *New Remedies*. Since then few remedies have been added. Some work has been done in revising, notably that by the Medical Investigation Club, of Baltimore, but in the main the homœopathic school has been resting on its oars.

During the past twenty years the old school has exhibited continuous activity. Since the introduction of the coal-tar derivatives a long list of chemical products has been added to the materia medica, and it has been further enriched by the various serum remedies which constitute the so-called serum therapy.

During the same period new measures in diagnosis have multiplied and a degree of accuracy has been attained

which, in contrast with the methods formerly available, seem to elevate it to the dignity of a science. Medicine has put on the garb of a science with a terminology of its own, which it has a right to expect shall be used. While practitioners of the homœopathic school have kept abreast of and utilized the latest achievements of medical science, they find themselves handicapped by the condition of their Materia Medica. It was mainly made before the advent of the present means of accurate observation, and it lacks precision of statement. It is expressed in unscientific terms, often in meaningless and confused words, and with many repetitions. It presents a mass of symptoms which, to the student, are simply bewildering, and from which patient workers have, from time to time, endeavored to separate material for practical work. We would not be understood as underestimating the great work of Hahnemann. It represents the advanced science of his time, and at the present time it embodies the most scientific law of cure. It has been the means by which the splendid results of the past have been achieved, and Homœopathy advanced to its present enviable position. The new school stands or falls with its therapeutics, and we believe that whatever other therapeutic methods there may be, that the principle of similars is pre-eminently the law of cure, and as such, in its sphere, cannot be superseded by any other.

There are, however, periods in the world's progress that demand a re-statement of old truths, and we believe that such a period or crisis now confronts Homœopathy. It must demonstrate the fact that the Materia Medica and therapeutics of Hahnemann are true when tested by the most modern developments in medical knowledge. If this is not done Homœopathy will be left in the rear of the great movements in the medical world. The young men will be attracted by the greater progress evidenced in other departments of medicine, and our homœopathic colleges will suffer from lack of students.

Nor is this a problem for the future; it must be met at once at the beginning of the new century. This fact was recognized by many of the leaders of thought in the school at the late meeting of the American Institute, and it was felt that if Homœopathy is to advance during this century as it did

in the past its Materia Medica must be examined and recast according to the present state of knowledge.

A scientific therapy rests upon a like Materia Medica, and the latter depends upon an exact and uniform pharmacology. The latter, therefore, is the fundamental requisite to any effort to place the Materia Medica upon a modern scientific basis. All the remedies must be uniform in strength and in the manner of preparation.

Until the year 1897, in the United States there was no standard Pharmacopœia for the preparation of the remedies of the homœopathic Materia Medica.

Homœopathic pharmacies had indeed sprung up in nearly all of the larger cities, but there was no uniformity in their products. At least six different methods prevailed by which tinctures were made of various strengths, and attenuations were frequently so marked as to give no true indication of their drug power.

Dr. J. W. Clapp, of Boston, in an admirable paper on "Our Homœopathic Pharmacopœias," shows that some pharmacists professed to make their tinctures according to the methods of the original provers, others according to their own methods or to those set down in various unofficial works called Pharmacopœias. Some made a class of fresh plant tinctures by expressing the juice from the plants and adding an equal quantity of strong alcohol. Such a tincture was marked 50 per cent. drug strength, whereas its actual strength was about 3 per cent., as the juice of plants usually contains not more than 3 per cent. of solids. It is obvious that so-called 1 dilutions made from this tincture really represent about 1 part crude drug in 166⅔ parts alcohol.

Another class of tinctures was made from dried drugs in the proportion of 1 part of drug to 5 of menstruum, but these were marked of a drug strength of $\frac{1}{10}$.

Those who used the British Homœopathic Pharmacopœia made nearly all tinctures of a drug strength of $\frac{1}{10}$, but marked the first dilution made from these tinctures the 1 x, whereas such a dilution actually contained the 1-100th of the drug and should have been marked 2 x.

It is evident that no valid claim to a scientific Materia Medica could be made upon such a pharmacology.

It is, however, to the credit of the school that this chaotic

condition in the fundamentals of its Materia Medica had been recognized many years ago, and in 1868 leading minds in the American Institute began the work of creating a national Pharmacopœia. In 1897, nearly thirty years from its inception, the work was finished, and under the title of "Pharmacopœia of the American Institute of Homœopathy" it was adopted by the American Institute as the standard work for the preparation of homœopathic remedies in the United States.

The work was favorably received and has been gradually adopted by the homœopathic pharmacists. Some have not yet given up their old methods, but it is hoped that the pressure of intelligent professional opinion may be brought to bear upon them so that they can no longer resist the call for a uniform scientific preparation of our remedies.

At the meeting of the Institute, in 1899, the Committee on Pharmacopœia was re-established for the purpose of correcting such errors, typographical or otherwise, as may exist in the first edition of the work, and of issuing a revised edition. This has been done, and the new edition is now in press. It will appear under a broader and more comprehensive title: "The Homœopathic Pharmacopœia of the United States."

This book represents the zeal and energy of Dake and Henry M. Smith and their co-workers, and means much for the future of Homœopathy in the United States.

It redeems the school from the charge of apathy in the last years of the XIXth Century, because no greater work could be done than to place the foundation of the Materia Medica upon a uniform scientific basis.

It may be of advantage to again glance at the most conspicuous feature of the new work, viz., the preparation of tinctures. These are made after the method of the British Homœopathic Pharmacopœia, in which a standard strength s adopted, of one part of the dried crude drug in ten parts of tincture. This gives an unvarying strength to our fresh plant tinctures, which otherwise would vary according to the season or the quantity of moisture that the plant contained.

A given quantity of the fresh plant is weighed and then evaporated to dryness. It is again weighed, and the loss in

weight represents the plant moisture. This plant moisture is considered as part of the menstruum in the preparation of the tincture from the fresh plant. Hence, in a year in which the plant contains less moisture, enough distilled water is added to raise it to the normal, and if the plant moisture is in excess enough water is deducted from that which has been intended for the dilution of the alcohol of the menstruum, or else the excess of plant moisture is allowed to slowly evaporate.

The tincture is thus of uniform strength, which (with very few exceptions) is one part crude drug in ten parts of tincture, or the equivalent of the 1x trituration. It is also the 1x dilution, so that the lowest dilution of the tincture is the second decimal (2x). This notation is obviously correct, as it shows the true drug power of the preparation. It differs here from the British Homœopathic Pharmacopœia, which considers the tincture as unity and calls the lowest dilution made from it the 1x.

In regard to the strength of tinctures it is doubtful if (with very few exceptions) true tinctures can be made of greater strength than 1 in 10, for it must be remembered that a tincture of a plant is a solution containing all the soluble matter in a given quantity of the plant, and experience has shown that all of this matter cannot be extracted by less than nine parts of menstruum. Some authorities have claimed that a much larger percentage of menstruum is necessary, and consider 1 in 20 as proper proportions.

Among the exceptions to the $\frac{1}{10}$ strength Sulphur may be mentioned. Hahnemann considered that in the mother tincture it was equivalent to the 1 potency, but the new pharmacopœia places the strength of the tincture as 1 part Sulphur in 5,000 parts strong alcohol, or about the 3x.

In the standard work insoluble substances are recommended to be made in trituration only, and yet directions are included for making dilutions from triturations.

It would seem that the scientific character of the work is not affected by these directions, for Roger, of Paris, in his "Introduction to the Study of Medicine," says, "It must be remembered that numerous researches have established the fact that living cells are influenced by quantities of substances so minute that no chemical test can detect them.

Bodies reputed to be insoluble may, in reality, be dissolved in a quantity sufficient to give rise to reactions on the part of the organism."

In the new work, careful distinction is made between triturations made from the crude drug and tincture-triturations made by saturating milk-sugar with tincture and subsequently triturating it. The latter are correctly designated by a minus sign to show that the preparation is of less strength than that of the corresponding trituration made directly from the crude drug.

Another important feature is the use of the decimal system exclusively, so that the first dilution or trituration means 1x, and the second the 2x, etc. This relieves the profession from the double notatlon of Hahnemann and Hering, where the first trituration meant the 2x unless 1x was specified.

There are other points of excellence in the new work which commend it as a standard for the preparation of our remedies. The tests for triturations will prevent pharmacists from doing inferior work, as these prescribe $\frac{1}{2000}$th of an inch and $\frac{1}{4000}$th of an inch as the size for the largest particles in a 2x and 3x trituration. The microscope thus affords an easy means for determining the quality of the pharmacists' work.

Enough has probably been shown to convince all of the superior quality of the work that has been adopted by the American Institute as the standard.

It has appeared at an opportune time, when the great work of Materia Medica revision is about to be undertaken. Without such a standard the work could not be done. With it the crisis in our history can be successfully passed. Whether the method of revision proposed by Dr. Bellows, of Boston, or that of Dr. Searle, of Brooklyn, or modifications of these, shall be finally adopted, it is certain that success will be achieved if we start upon the bed-rock of a scientific pharmacology.

It remains with the individual practitioners to see that their remedies are prepared according to the new Pharmacopœia. While it is true that by a majority vote it was adopted by the American Association of Homœopathic Pharmacists, there remain some pharmacists of prominence

who have so far refused to accept it, preferring their own individual methods.

The American Institute of Homœopathy has adopted the new work as a standard. It can do no more. But the individual pharmacists who for trade reasons refuse to aid the profession in its efforts to place the pharmacy and Materia Medica of Homœopathy upon a uniform scientific plane deserve no encouragement.

All physicians may not be able to take a direct part in the work of re-proving the Materia Medica or adding new remedies, but they can render efficient aid in securing the universal adoption of "The Homœopathic Pharmacopœia of the United States" as the standard work for the preparation of our remedies.

Not only in the United States, but wherever Homœopathy prevails, there should be but one Pharmacopœia. In a paper presented to the World's Homœopathic Congress, held in Paris in 1900, the writer advocated an "International Pharmacopœia," to be a composite of the British, French and German National Homœopathic Pharmacopœias, together with "The Pharmacopœia of the American Institute of Homœopathy." The oneness of Homœopathy requires that sooner or later this shall be a fact. In the meanwhile the countries mentioned have their national Pharmacopœias and the United States must insist upon the same uniformity within its borders.

THE HOMŒOPATHIC DOSE.

Edward Cranch, Ph. B., M. D., Erie.

Homœopathic practice is founded upon the universal law that action and reaction are always equal and opposite.

The patient labors of Hahnemann have demonstrated that this law is operative in drug action as well as in mechanics.

The action of drugs and the reaction of the human economy may be briefly illustrated by two striking examples.

Opium, in direct action, which is what is desired in an allopathic prescription, stupefies and restrains peristalsis; its reaction, manifested after a more or less prolonged use, produces wakefulness and exhausting diarrhœa.

These symptoms may be checked again by an enlarged dose of the same drug, or, the drug being wholly withdrawn, they will, after several oscillations or alternations of opposite action, disappear entirely, with resulting restoration to health.

Lithia salts, often employed with benefit by both schools, though in widely different doses, in cases of the so-called uric acid diathesis, are capable, in larger doses or more protracted use, of increasing and aggravating the accumulations of acid, and the rheumatoid pains, for which these lithia salts at first prove serviceable.

From this it is apparent that the curative value of lithia is really due to the reaction of the organism, the usual dose, even of the allopaths, not being large enough, in most cases, to set up a disturbing direct or poisonous action.

The true direct action of drugs is that which comes from doses large enough and frequent enough to cause marked symptoms in the healthy. (Even this "direct action" is really a reaction, but the direct action and reaction noted in this paper are so called from common speech, and not with a desire to split hairs uselessly.)

All drugs, in doses of sufficient smallness, which smallness differs in different drugs, fail to exert their *usual* direct action, but are found to retain or even increase their power of exciting reaction, especially in the sick.

Extended experimentation along these lines has shown that beside the rule "*similia similibus curentur*" must be placed a corollary like this: *Reduce the dose and its frequency, until its direct action becomes harmless.*

If the dose is not reduced sufficiently to throw the direct action "out of focus," as it were, the desired reaction will of course be delayed and hindered in the sick man, while if even the reduced dose be too often repeated the reactive power of the organism, from which so much is demanded, will be checked in its proper functions.

Posology, or the doctrine of dose, has been omitted from almost every work on Homœopathy since 1841, when Jahr published his "New Pharmacopœia and Posology" (translated into English by Dr. Kitchen).

Dr. William Boericke, in his late work on Materia Medica, and Dr. Gatchell, in his hand-book of Practice, have been

careful in giving most useful hints of dose, but have failed to discuss the whys and wherefores.

In allopathic works, as a rule, the maximum doses, within limits of safety, are given, but no rules or precepts are attempted whereby the student may determine that most desirable element of knowledge, the *minimum dose that will cure.*

One source of confusion to the homœopathic student lies in the often-repeated remarks that "the size of the dose makes no difference in the homœopathicity of a drug," or, "Homœopathy is not a question of dose," or again, "the dose does not make a drug homœopathic."

These remarks should be most carefully explained, for while it is true that a drug in small dose is not, therefore homœopathic, it must not be forgotten that the best homœopathic action of a drug is had from a dose small enough not to disturb reaction by its crude or direct action. It is true, too, that one is not necessarily a homœopath because he uses high potencies, nor a "mongrel" just because he may happen to prefer, for the time being, low dilutions.

If homœopathists have seemed to divide in the past into two camps, the high and the low, let it be henceforth no longer so, but let it be well recognized that there is a place in every physician's practice for both the low and the high, and let all contempt and vilification on this account cease forever!

Many crude drugs can cure strictly homœopathically, that is to say, by exciting a beneficial reaction.

The difference between an allopathic and a homœopathic prescription lies in this, that allopathy seeks the direct action, and ignores the inevitable reaction, while Homœopathy strives to avoid the direct action, and seeks to utilize the reaction.

A homœopathic prescription is often made unwittingly by an allopath, and to this fact much of the success of the latter is due, as in the use of iron in anæmia, cactus and digitalis in heart failure, colchicin in gout, arsenic in diabetes, *et cetera*, only the patient is too often disabled or destroyed by the needlessly large dose.

The homœopath, in his investigations in posology, tests doses as he tests medicines, in health and in sickness, giving one dose or many, and in different degrees of attenuation, so

that the system shall have the benefit of the drug in its most freely soluble and absorbable form, by which it reaches nerve and vital center most quickly, safely and surely.

In some drugs action is prompt and brief, quickly followed by reaction, even in the comparatively crude dose of the 1x, 2x, or 3x; in other cases, in drugs soluble with difficulty, reduction must be carried still further before even direct action appears.

In estimating the "strength" of a dose, its ability for exciting *reaction* is to be most strictly noted, and it will be found that while in crude form the difference of even a fraction of a grain may be fatal to the patient, or at least fatal to good results, after we get to the 6th or 12th, and beyond; it matters little if we give a teaspoonful or a tablespoonful, if only it is in one dose.

If the dose of a given potency be *repeated*, the intensity of its action is certainly increased, sometimes to the extent of producing very disagreeable primary symptoms, or disturbing the reaction, sometimes, however, only improving and hastening this reaction.

Hence the question of repetition becomes a most vital one, much more so than the potency, when we are using any potency higher than the 12th.

If, however, we have one of the exceedingly virulent animal poisons, like heloderma, which for safety is not sold in any potency lower than the 200th, or one of the disease products or nosodes, like malandrinum, the 30th of which, when administered in the hope of preventing small-pox, often produces disagreeable effects lasting for several weeks, then in such cases no potency lower than the 200th should be given in sickness.

At this potency, or higher, these active poisons seem to become inert as to primary action, unless too frequently repeated, when they are a serious menace to health and life.

On the other hand, nearly all drugs that the present writer is acquainted with, however mild their action in crude form, are found to act homœopathically in far the most satisfactory manner in the 200th or the 1000th potency, generally repeated every hour or two or three hours for a day or two, or until reaction becomes established.

Some cases, especially if chronic, are best treated with a

single dose of the proper drug, in high potency, not repeated as long as improvement lasts, or not repeated even for a slight aggravation, which, if undisturbed, is often followed by renewed and more marked improvement.

This agrees with the observation made in the case of opium, mentioned in the beginning of this paper, where alternations or oscillations of action and reaction are always noted after the drug is withdrawn.

An experience of nearly thirty years has deeided the present writer in the use of the 200th potency as a first prescription in every case, when homœopathic action is desired, and it is rarely that any change in potency has to be made later. Experience has been very large with the 1000th as well as still higher potencies, with the resulting opinion that for a first prescription there is little if any difference among them all, down to the 15th (except in the case of the more virulent poisons alluded to), while below the 15th direct action is almost certain to retard, if not destroy, the desired homœopathic reaction.

There are other reasons for preferring the higher potencies, up to and beyond the 200th; they act with more celerity, being more finely divided and thus offering a larger atomic surface for absorption, hence they reach the vital points of the organism more easily; they are more palatable, and, therefore, more suitable for children; they keep better, preserving their strength for many years, while crude tinctures deteriorate with age, and the cost of the higher potencies is very much less, after the first price is paid.

The reasons for selecting the 200th for the usual dose are these: More drugs are to be had at the pharmacies in this potency than in the higher, and it is not very difficult to make by hand. Then if it fails, and the drug in question still seems indicated, it is easy to go higher or lower, till reaction is excited.

The so-called "fluxion" potencies are not recommended, not because they do not act, for they do, but because they are prepared irrationally, and are really much lower than they are marked.

Study the Materia Medica, but study posology with it, and experiment for yourselves.

DISCUSSION.

Dr. J. H. McClelland: The dose question has been discussed from time immemorial. We had a paper on it last night. But the singular part of the whole dose question, to me, is this: When you get, as stated in the paper, above the 15th or 30th, then the size of the dose is immaterial. Now, it seems to me, I would not make a statement like that, nor would I make a statement like this: That a good reason for such and such a dose is, because it is cheaper. I think it is beneath the dignity of any one to make a statement of that kind, and it ought not to be considered in practice. A potency ought to be carried up honestly, whether it is carried up to the millionth, or only to the thirtieth. The method of making fluxion potencies and calling them a certain potency such as we have been led to understand by that name from the time of Hahnemann down, as well as this folly of the dried pellet-contact, ought to be wiped out of the literature. I do not think it is fair to us or to the body of the school to allow this Society to even appear to endorse such views.

Dr. Aug. Korndoerfer, Sr.: I rise without hesitation to speak on this subjeet, because of the fact that I hold a very peculiar relationship in the little town in which I sojourn. Our high-potency friends look upon me as a low-potency mongrel, because I will use low potencies sometimes, and my low-potency friends denounce me as a high-potency fanatic, because I will use high potencies sometimes. Now, the real truth of the matter is, that after a long study of the subject of potency, a study partly under the guidance of Dr. Hering, partly under the guidance of Dr. Lippe, partly under the guidance of Dr. Guernsey and Dr. Raue, and partly by myself, I have reached the conclusion (and I feel I am justified by facts in reaching such a conclusion) that we are not able, in our present state of scientific attainment in the field of dynamics, to determine just at what limit potencies will cease to be active, and just where we shall stop the potentization of drugs for administration to patients. I will say this, however, that after a most conscientious effort at discovering the curative effect of the various potencies administered by physicians—both of the high and of the lower-

potency faith—as well as from an experience now extending over a generation, I am free to confess and desire to assert that of all the potencies I employ none has proved so satisfactory as the 30th potency. I have used that potency for 33 years to a very large extent in my practice, and I have watched the effect of it in many, many thousands of cases that are not self-terminating, because I have had a large practice in chronic cases. I am not breaking confidence with the dead when I say to you that Dr. Hering, though an ardent believer in the potentized drug and in the higher potencies, after many years' experience with the higher potencies, expressed himself more than once to me personally as being thoroughly satisfied with the 30th; that it was as efficient as any physician could desire or patient demand, or to put it the other way around, physician demand or patient desire. The higher potencies failed signally in Hering's case when he was so ill in the early '70's, and he did not hesitate to say a drop of the tincture of china saved his life. After the potentized drug had failed, china, seeming to be the indicated remedy, it was given in the tincture form in drop doses, and reaction occurred very speedily. So that was Dr. Hering's mode of reference to the low potencies. He preferred from the 30th potency upward, although he used freely the 30th potency downward at a time. Dr. Raue, at my suggestion, procured for himself a set—30th and 15th—and during his latter years told me that they had proved entirely satisfactory. They ran out in time, as he evidently did not believe in the dry-pill business. Finding that his potencies ran out, he concluded, in purchasing new remedies, to supply himself with a set of 30ths and 15ths, and he told me the results were good. They were satisfactory. He used those remedies very largely during the latter years of his life; not that he was coming down with the potencies, but that he was not satisfied with the average potencies of others as he had been with the potencies used before. I know that he procured and used the 15th and 30th some years before he died, in conjunction with the other high potencies, when he thought they were indicated. It seems to me common sense that professional learning would teach us that under different conditions and different degrees of susceptibility a different grade of potency is necessary in differ-

ent cases; also, that with different drug-provings, different potencies having been used, the symptoms produced by the massive doses probably would be met most satisfactorily by the lower potencies or the crude drug in treatment, when developed by a disease state. All I have said to-day is very old. It comes down from books of Hahnemann. Every word that I said is as old as Hahnemann. Jahr's name was mentioned, and I think one of his books gives a diagram in which a very small central circle represents the sphere of action of the crude drug, or the symptomatology of the crude drug. He gives a larger circle, which represents that of the lowest potency of the drug; he gives a larger, and that represents the sphere of action of the fifteenth; he gives a still larger for that of the 30th. He says, in the provings of the crude drugs, all symptoms of a toxicological character have a marked similarity; that similarity is so positive that you have but a very little difference between the corrosive poisons, etc., that the different classes of poisons have a very marked similarity, their differentiating peculiarities being very small. Therefore, if you have nothing but that masked or crude symptom, it belongs to the inner circle, and any one of the drugs producing that may be homœopathic. You only have the grossest crude effect. As the circle widens, you have the differentiating peculiarities which take up a larger field. So he marks up to the 30th potency, where he sees the first shades of difference, where the individualizations may be made; and, secondly, that the most satisfactory practice is in that class of cases where you can get that nice distinguishing peculiarity which will enable you to differentiate the remedies so accurately that you can select the similimum. You have that which will cover the case, and then use your remedies with the higher potency. The more typically marked the symptomatology of the case, the more surely you will be right to use your potency high. The more circumscribed the case, the greater the probabilities are that you should use a crude or very low potency. I think you will find this will be a rule that will serve all of you that have not experimented, so far as dosage is concerned, especially the younger men. And I think some of my older friends, who heard from the lips of the same teachers as I, will corroborate what I have said.

A FEW THOUGHTS ON OUR MATERIA MEDICA.

AUG. KORNDŒRFER, SR., M. D., PHILADELPHIA.

During the past few decades it has been the fashion among a certain class in the profession to decry the provings recorded in Hahnemann's Materia Medica Pura and Chronic Diseases. Assertions as to their not being trustworthy are freely made, and the necessity for reproving these old and well-tried remedies is strenuously urged. Scientific reprovings are needed, is the cry. All those old polychrests and antipsorics, upon which our early successes were won; pathogeneses that have stood the test at the bedside for nearly a century; are now, by these pseudo-scientific critics, condemned as worthless. May I not be pardoned for asking, how many of these fault-finders have even a fairly good working knowledge of that grand old work of Hahnemann's, "The Materia Medica Pura?" I wot not one.

Dating from the publication of "An Essay on a New Principle for Ascertaining the Curative Action of Drugs," 1796, and more especially from the publication of the "Fragmenta," 1805, to the issue of the last edition of the "Chronic Diseases," 1835–1839, Hahnemann did more for the advancement of a knowledge of the specific action of drugs upon the human body than had the entire medical profession prior to his day.

Great as was the labor incident to the development of the Materia Medica Pura, more marvelous still was the conception of so practical a method for the investigation of drug action upon the human organism as that suggested and practically demonstrated by Hahnemann in his essay of 1796, elaborated in the Organon of the Rational Healing Art, 1810, and more fully expounded in subsequent editions of that medical classic.

Hahnemann's intense desire to secure a positive and comprehensive knowledge of curative drug action led him to dedicate himself to the personal proving of drugs. His enthusiasm and great learning attracted a coterie of ardent admirers, many of whom became faithful, intelligent and self-sacrificing provers. Their work, with his, is now being impugned by critics, many of whom never made a proving, or *even carefully studied* a drug pathogenesis.

Well do I remember the terms of reprobation employed by Dr. Hering when speaking of these calumniators of Hahnemann and his immediate co-workers. From his lips, too, I learned of the exacting conditions imposed upon provers, for the purpose of guarding against error in observing and recording symptoms; the immediate record in writing, the daily review of the records by Hahnemann, the cross-questioning of the prover for the purpose of securing exact definition of each symptom, and finally the taking of the "university oath" as a seal to the integrity of the records,—all are indelibly impressed upon my memory through the earnest and forceful words of that lover of truth, Constantine Hering.

Unbiased records of all actual symptoms, signs, conditions and modalities resultant upon drug action were made, and these remain to-day, trustworthy and useful as in the days of their recording.

Granted that instruments of precision were not employed in these early provings, that many methods of physical exploration were then not known, still I assert that failure in these respects cannot vitiate the records then made. Facts they were and facts they ever will remain.

Much may, yea must be done, toward perfecting the definition of the work; nevertheless, every line of Hahnemann's records still bears, successfully, that crucial test which alone is of value, the clinical application of the drug in accordance with the law of similars.

The scientific value of any recorded fact largely depends upon the correctness and clearness with which it is stated; but equally also upon the possibility of its practical and useful application in its appropriate sphere.

Judged by this gauge, the Materia Medica Pura surely is of inestimable value, and worthy of highest commendation.

Prior to Hahnemann's method of proving drugs upon the healthy, the Materia Medica had been but a tissue of conjecture and crude empiricism. Withering, commenting upon the medicinal virtues of plants in the preface to his "Botanical Arrangement of all the Vegetables Naturally Growing in Great Britain," says: "Many people will be surprised to find so little said upon the medicinal virtues of plants; but those who are best enabled to judge of this matter will, perhaps,

think that the greater part of that little might have been omitted."

After further criticism, showing the utter worthlessness of the Materia Medica of his day, he continues: "In this situation of things little advantage can be reaped from the experience of former times; we shall sooner attain the end proposed if we take up the subject as altogether new and, rejecting the fables of the ancient Herbalists, build only upon the basis of accurate and well-conceived experiments." This was written in 1776, just twenty years before Hahnemann's essay, before alluded to, was published.

Withering saw the need, but failed to discover the method whereby to attain the desired end. Hahnemann felt the need and sought out the method whereby a Materia Medica of experience, such as Withering longed for but lacked the genius to find, might be developed.

In order better to understand Hahnemann's method, let us hastily review the directions laid down in the Organon. Just here let me also call attention to the fact that probably no physician of the eighteenth or nineteenth century was better fitted by nature or education for the work that Hahnemann performed. Gifted intellectually far beyond his fellows, he, further, was peculiarly fitted, by reason of his severely logical mind, rigorous exactness of observation, and uncompromising regard for accuracy in the statement of facts. Truth first and always. He found no excuse for laxness in work or expression. To him life was sacred, the physician's work holy. In his own life the impulsion toward truth came from a holy desire to benefit his fellows, not for personal name or fame. His writings bear evidence of this on every line.

But to return. In § 120 of the Organon Hahnemann says, "Medicines should, therefore, be distinguished from each other with scrupulous accuracy, and proved by pure and careful experiments with regard to their powers and true effects upon the human body. For upon the accuracy of this test (proving) depend life and death, sickness and health of human beings." § 121 offers suggestions as to the strength of drugs employed, and the need for healthy but sensitive and susceptible persons as provers. § 122 lays stress upon the importance of perfecting reliable

drugs, as to purity, genuineness and strength. § 123 dwells upon the method of preparation of the drug for proving, and emphasizes the necessity for a perfectly simple and unartificial form. § 124 insists upon every medicinal substance being employed entirely alone, and in a perfectly pure state, that is to say, without the admixture of any other medicinal substance, and further cautions against interference with the proving through the use of any other medicinal substance. § 125 gives rules as to diet during the proving, and § 126 enjoins avoidance of unusual mental or bodily exertions, and cautions against excitement and sensual excesses; and again asserts that the provers, besides being to all intents and purposes of sound health, should also possess the requisite degree of intelligence to enable them to define and describe their sensations in distinct expressions. § 127 requires that provings be made by women as well as with men, in order to discover what effect is produced in regard to sex. § 128 calls attention to the fact that crude medicinal substances, if taken by an experimenter for the purpose of ascertaining their peculiar effects, will not disclose the same wealth of latent powers as when they are taken in a more highly attenuated state, potentized by means of trituration and succussion. § 129 relates to the repetition of dose in provings, and to peculiarities in susceptibility of the individual provers. § 130 presents Hahnemann's views as to the advantages of the single dose. Recognizing, however, the necessity at times for repetition, we find in § 131 and § 132 rules for conducting observations under the use of repeated doses. § 133 calls attention to the importance of the modalities, and § 134 to the variations in time and progression of symptoms. § 135 presents the important observation that the real totality in any drug proving is attained only through multiplied experiments upon properly selected provers of both sexes, and § 138 aeserts that, in the event of all conditions noted in § 124 to § 127 having been faithfully complied with all deviations from the individual's usual state of health are properly ascribable to the action of the drug. § 139 is devoted to the importance of making immediate record in writing of every sensation and change of feeling experienced by the prover, noting also the time elapsing between the taking of the drug and the appearance of

symptoms recorded, and the duration of each symptom. When the proving is not being personally made by the physician, Hahnemann insists upon the necessity for daily examinations of the prover while the circumstances are still fresh in the memory. In § 140, guesswork, suppositions and statements elicited by persistent cross-questioning are condemned. Hahnemann esteems as best and most desirable the provings made by healthy unprejudiced physicians of fine perception upon themselves; and in § 142 he cautions against the acceptance of symptoms occurring after the administration of remedies in the treatment of disease, even though drug symptoms may occur during the therapeutic use of a remedy; "this," he says, "is a matter for the exercise of the higher powers of discernment, and must be left to masters in the art of observation." He then affirms, § 144, that "every assumption, bare assertion and fabrication will be absolutely excluded from a Materia Medica of this character; it is in its entirety the pure language of nature in response to careful and faithful inquiry."

The object in thus fully quoting Hahnemann's rules has been threefold: First, to refresh memory as to Hahnemann's real teaching and practice in the matter of proving drugs; secondly, to thereby show the fallacy, if not the dishonesty, of the adverse criticisms; and thirdly, to more vividly place before our minds the wealth of knowledge, the deep insight of nature's methods, the wonderful powers of analysis, and the discriminating judgment which Hahnemann displayed in the development of his Materia Medica.

That he was careful and painstaking in his work, no truthful man dare deny; that he was typically honest, unqualifiedly conscientious and marvellously accurate in his investigations and observations, every unprejudiced student of his life and work must unreservedly admit; that he possessed in eminent degree every qualification, intellectual and educational, demanded by the work to which he was called even his enemies have admitted. Is it not, then, base ingratitude and gross injustice to decry the greatest of his works; that upon the correctness of which the successful establishment of Homœopathy was made possible.

His work has stood the test of time; yea, for more than a century past it has stood the crucial test at the bedside of

the sick; besides many critical reprovings. Under its guidance, disease has been robbed of many of its terrors, and myriads of sufferers from chronic forms of disease have been restored to health. "Macht's nach aber macht's recht nach" was his injunction. How many of his critics have honestly endeavored to acquire and exercise that degree of knowledge and judgment necessary to the trial?

Watzke, one of the most energetic members of the Vienna Provers' Society, though an ardent advocate of reprovings, says, "the more Hahnemann's provings are studied in the light of reprovings, the greater reverence and admiration shall we entertain for the founder of Homœopathy;" "and, the reproving of medicines that already have been proved by Hahnemann, will serve to confirm still more our admiration for his labors."

True, Hahnemann interrogated nature simply and purely, without the latter-day instruments of precision; but his interrogations were incisive and sure, nature's response was plain and unequivocal.

In full confidence Hahnemann prescribed symptomatically in accordance with the results of his provings, and success attested the correctness of his judgment. Thus did he prescribe Rhus, Bryonia, Hyoscyamus or the sweet Spirits of Nitre, symptomatically, in the treatment of that terrific war typhus, in the summer of 1813, and of 129 cases treated 128 recovered; whereas under allopathic treatment the mortality was more than thirty per cent. By symptomatic likeness he also was guided to the discovery of the prophylactic properties of Belladonna in scarlet fever; and of the wonderful curative properties of Camphor in the early stage of of cholera Asiatica, and of Cuprum and Veratrum in the later stages of this dread disease.

Prescience is the most severe test of scientific principles. Was prescience ever better demonstrated or better rewarded? Hahnemann and his Homœopathy, tested through the therapeutic application of remedies in accordance with the records in his Materia Medica, has stood the test times without number.

He gave no pathologic tissue changes as therapeutic indications, it is true, but he gave the symptoms, signs and conditions of disease manifested by the provers. In fact, it is

neither necessary nor desirable that our provings be pushed to the extent of serious tissue change. Pathology has not yet advanced far enough to aid effectively. Although many pathologic conditions are more simple than was formerly conceived, we must remember that many of the more common changes are still variously interpreted. We must not forget that even the sequence and relationship of many common phenomena are not yet understood. Thus with inflammation we know that certain generic changes invariably occur, modified to a degree, it is true, by the part affected, still the process invariably agrees in certain well-defined features; nevertheless we find great diversity of views as to the sequence and relationship of the phenomena involved. Thus, Virchow considers the tissue proliferative changes the most important, and looks upon inflammation as an excessive disturbance of nutrition brought about by irritation, in which the changes are principally formative. Rokitansky believes that the vascular changes are the essential element. Cohnheim, that inflammation essentially consists in a molecular change in the walls of the capillaries and small veins. Ziegler, that it consists in tissue degeneration combined with pathological exudation from the blood-vessels. Stricker, that return to an embryological condition of the cells and even of the fibers is the essential factor; while Metchnikoff looks upon phagocytosis as the fundamental principle underlying inflammation. Other views are advanced by investigators of repute, but these will suffice to show how varied are the interpretations put upon well-known pathologic changes by equally astute and painstaking investigators; and further, to show how inadequate is the knowledge of pathological processes thus far attained, to serve as a basis for the selection of therapeutic agents.

Materia Medica and therapeutics, or applied Materia Medica, cannot wait for pathologists to reach conclusions. Suffering humanity cries aloud for aid, and nature, in reply to Hahnemann's searching inquiry, has made known the way.

Pathology affords essential service, and in time we may be able more fully to utilize its facts in the development of therapeutics. Hygiene and dietetics already feel the impress of its truths; but, as a guide to the selection of the indicated

remedy, it thus far has signally failed. This does not argue that pathology may not eventually become indispensable even in therapeutics, but it does imply that thus far a mode for its successful utilization has not been discovered.

Many years ago a few members of our school, because of the grossly empiric and speculative nature of pathology, as then taught, opposed its having place in the college curriculum. Hahnemann was appealed to. He replied in effect, that in so far as pathology met the requirements of a science it must be accepted and taught.

Symptomatology is but one of the methods by which we can study nature's modes of expressing pathological changes in the living organism. Every symptom is dependent upon a definite, though frequently inappreciable tissue change by which function is either increased, decreased or perverted. The more peculiar and characteristic the symptom, the more definite and specific its origin. It may be held as axiomatic that like tissues being affected in like manner, like symptoms and conditions must result.

Symptoms being definite, cognizable and constant under similar conditions, it becomes self-evident that they must afford the most trustworthy basis for drug therapeutics. Our Materia Medica is a reliable collection of such symptoms and conditions dependent upon pure drug effects.

The value of a Materia Medica depends upon the accuracy, completeness and adaptability of its pathogeneses. We need a definite and exact knowledge of the knowable in drug action. The form presented by Hahnemann, though somewhat unsatisfactory through failure to present the day-book reports of the provers in the order of occurrence, is in every other respect of inestimable value. Like everything of human origin, it is susceptible of improvement; nevertheless, as it stands, it is deserving of our fullest confidence, it being the unvarnished records of unalterable facts.

The scope of the work—that which Hahnemann proposed and aimed to secure—is to present in the plainest manner possible nature's unaltered answer to pure drug experiment. Symptomatically he gave it. If others desire other lines of positive proving, whether after the manner of Schmerzpunkte of Weihe, or by way of the pathological tissue changes microscopically or chemically wrought out, no ob-

jection should be offered. Let such experimenters, however, prove their way the better, ere they attempt to depreciate or decry the results of Hahnemann's faithful personal provings of drugs. Thus far such experimenters have failed to advance our knowledge of curative drug action, and until they offer something better than they hitherto have their efforts must be viewed with distrust.

As pathology acquires that definiteness so characteristic of science, it will so blend with knowledge gained through other channels that our Materia Medica and the therapeutic application of the same may be made still simpler, purer and more effective.

May this happy consummation speedily be accomplished.

DISCUSSION.

Dr. T. H. Carmichael: I should be very sorry to agree with Dr. Korndoerfer in his belief that because I want the Materia Medica revised, therefore I believe Hahnemann's provings to be worthless. It is for the directly opposite reason that such work is being undertaken; at least it is, so far as I am concerned. But I do not believe that we have made any progress in the line of accurately prescribing in the past. I think it is impossible to expect at the present time that we can take a man in active practice who can treat a case as Hahnemann did. The theory is all right. So is the Westminster Confession and the King James Revision of the Bible. Nor is it right to think that the revisers of the Bible have any less faith in it or doubt any greater than those who stick to the old version. Now, I believe that the medical terminology to which I referred in my paper expresses thoughts with a great deal more accuracy and enables a man to get down to what he wants than the words with which the provings are recorded. It is simply and largely in the matter of finding out what those words mean and expressing them in modern scientific language that this work consists. It seems to me it is something we ought all to engage in, and engage in with all our might.

Dr. C. P. Seip: Fortunately we are not all Presbyterians. But that is not Materia Medica. We are here to talk, but we cannot make a comparison of medicine and religion. Religion is one thing, based on the faith in somebody else, but

we base our faith here on Hahnemann and his provings. Our provings are not made on the line the specialists desire to-day, but we have cured many and many cases of defective vision by a remedy when we did not know the pathological condition and do not know it to-day; and the same in many other diseases. I do not believe that there is any one disease to-day for which people prescribe and have better success than the diseases of the throat, on which the specialists make a great hit. I am a single-remedy prescriber and stick to the single remedy, and I want to say to-day that my friend who has just read this paper follows out the lines written by Farrington as his graduating thesis. He saw no reason for making a change or reproving, but I would like to see the scientific man or specialist make his clinical experience conform with the homœopathic Materia Medica.

Dr. A. P. Bowie: The article of Dr. Korndoerfer should set us all thinking. His reference there to the pathology of disease I think is very important. We, as homœopaths, should always recollect that it is the manifestations of disease, the subjective symptoms, upon which we are to base our prescription. We all know how hard it is to see the inside of a patient, to see the changes that are going on there; we have had ample illustration of that in all our experiences. But in the simple language of our Materia Medica, where the provers day by day made records of their sensations, feelings and their symptoms, these were recorded and are our guides to-day. I had hoped to present an article before this Society on the subject of Pneumonia, but time did not permit me to complete it; and the reason I wanted to do that was to contrast the treatment of pneumonia according to our Materia Medica—according to homœopathic principles—with the treatment of the old school of medicine. A recent article in one of our old school publications speaks of the therapeutics for pneumonia. It also mentions the old-fashioned way of bleeding patients in pneumonia. Now, I have had experience in pneumonia and we have all had experience in pneumonia and the remedies which we used in that disease are the remedies approved by Hahnemann and mentioned in the Materia Medica. Who has not used Aconite, Bryonia, Phosphorus and Sulphur. These are all remedies that we can select for this disease, according to our

Materia Medica Pura and according to the provings of Hahnemann.

It is all right to revise our Materia Medica, to add to it and to correct it, if necessary—but let us stick to what we have; we have something that is certain. I am sure of that, and we, as homœopaths, should not say so many things against our Materia Medica, but we should uphold it on all occasions. Where is the source of Ringer's Therapeutics, that text-book of the old-school to-day? He got his knowledge of the exact effect of drugs from Hahnemann. There is no question about it. You look over his book and see where he got it, and you will find that the provings of the homœopathic Materia Medica give an insight into the action of drugs.

Dr. W. J. Martin: Does Ringer say so in his book?

Dr. Bowie: No.

Dr. C. P. Seip: Comparisons show it, paragraph by paragraph.

Dr. Aug. Korndoerfer, Sr.: I should not have thought of placing Dr. Carmichael in that position. I don't see how he can place himself in that class, even though he don't agree with the paper.

He fails to consider what I very clearly stated when I said Hahnemann gave the results of his provings symptomatically. Is it a desire for other lines of positive provings that he advocates? Let us have them, whether in the line of Weihe's provings or otherwise.

I am not offering any objection to further provings nor to reprovings; I qouted Watzke, believing what he said to be true, that the more we reprove Hahnemann's remedies, the more highly will we regard Hahnemann's work; the more those reprovings are made the more satisfied will we be with Hahnemann's. The reproving of medicines that have been proved by Hahnemann will but confirm his labors. I am a hearty advocate of reproving all drugs. I believe all physicians should do it. I believe it to be the best method for fixing our knowledge of drug action. But when I prove a drug, I prove to investigate, not from disbelief, not to decry. I also want to see scientific reprovings. But, can anyone tell me of one drug scientifically reproved that has given anything of value and which to-day finds favor with the

profession? I have heard, for the last thirty-three years, of the scientific reproving of drugs and the necessity for it. Let us have a sample copy. I want to accept them just as soon as they are equal to Hahnemann's; they may be on a different line, but they will not be more true. In heaven's name, let us get every fact that will help us; let us urge everyone to work.

THE NEGLECT OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS

C. S. Middleton, M. D., Philadelphia.

It is to be hoped this short paper will not prove to be "top heavy," as it were possible to write many volumes under such a caption; therefore, do not be disappointed when only a few important complaints are uttered.

While it may be admitted that a perfect knowledge of the Homœopathic Materia Medica is vastly more difficult to acquire than that of the opposite school, and especially to apply it practically, this fact should not deter any one from making the best effort of his life to acquire a "working" knowledge of its value and practicability.

We have heard many complaints before of the disregard of our Materia Medica by some practitioners who claim to be Homœopaths; and it has been said to belong to one of the "lost arts."

And this is the burden of *my* song!

There was a time when some of the gray-haired laborers in the vineyard of God's most beneficent of all systems of medicine thought that the Materia Medica was the most important "bob" to the tail of the homœopathic kite, but since the advent of the germ theory and surgical aspect of disease, germicides and antiseptics are the agents required in the armamentarium of the beginner and some of the younger members of the profession, often to the exclusion of the true homœopathic Materia Medica.

There was a time when a certain M. D., Samuel Hahnemann by name, would declare that such and such remedies would cure certain epidemics of diseases, such as scarlatina and cholera for instance, when he had not even seen these cases.

Why could he do this? Because these epidemics had been described to him, and, of course, he could fit the disease picture with the medicinal picture; he, therefore, knew it would cure because he had proven homœopathic therapeutics and knew it could be relied upon.

Were there any microbes, bacilli, ptomaines then? Yes.

Did not Hahnemann himself assert that, for instance, in the epidemic of typhus fever in which he was the most energetic agent in combating it, that the cause of its contagiousness was probably owing to "living germs, which were carried on the clothing, in the hair," etc., of those who came in contact with the disease, and thus propagated the pestilence, and he cured the disease with homœopathic remedies, notwithstanding.

The above proves Hahnemann to have been the first to suspect a "germ theory;" but it did not interfere with his success in homœopathic therapeutics.

Do not get the impression that I do not believe in the presence of disease germs, or the necessity for asepsis or antiseptics. Of that I am not now treating, only as it suits the purpose to prove the value of homœopathic remedies, notwithstanding the presence of microbes.

But it does seem to some of the gray-haired veterans that the tendency is to become *too* materialistic, and to get so far away from the light that none of its rays may illuminate our minds at all. Have we any proof of this tendency? Yes, I think so, when we meet some of our younger brethern and hear them say, "Well, we get results" with this and that ready-made prescription, first brought to their notice by the manufacturer, with which we are all flooded. And again—"Yes, Hahnemann was all right in his day, but he isn't in it at this period;" and yet these men are—*Homœopathic Physicians*—so the public think.

Now do not again misunderstand me and think me a disgruntled high potency man. No, I am not; but I believe in the law of Homœopathy firstly, and in a moderate degree of potentiation, and use drugs from the cruder forms sometimes to potencies up to the 30th, and occasionally higher, but believe in prescribing them according to the law of Similia. It is useless to use homœopathic remedies upon allopathic principles, as I have had frequent occasion to observe in others' practice.

How are we to cure this disposition to drag Homœopathy down to the level of no-creed-at-all, even worse than the position of a consistent old school doctor?

It is hard to tell; however, I would suggest: firstly, it seems necessary that a physician claiming to be a homœopath should have a conscientious attachment for the principles which Hahnemann taught us were the most scientific of all methods of the practice of medicine, a veneration' indeed, if he can go so far, and I do not see why he cannot.

A man who is not conscientious about anything he may be engaged in is not always a safe man to "tie" to; he may succeed financially, but it is not always safe to trust him.

Then, if this premise is correct, we should have only physicians in our school who practice Homœopathy because they believe in it, and are satisfied that it is the most benign system of medicine to apply for the relief of suffering humanity, and that its principles are founded upon a law of God, for the good of man.

The question is often asked, how can we acquire a knowledge of the homœopathic Materia Medica?

Well, only by hard work from the time one begins until one lays down the practice of medicine, even if he be an aged man.

The only way the writer has to suggest is, in the beginning to study the physiological and poisonous effects of drugs, to acquire a knowledge of their action on the different tissues and organs, nerves, etc., and then to try to learn the finer essentials through the homœopathic Materia Medica or symptomatology; and, in the application of the drugs, to ascertain as far as possible the pathological conditions, organs or tissues affected, thus leading the miud up to the class of drugs acting on such organs and tissues, and finally into the finer shades of the picture, to the symptoms indicating the necessary remedy.

There is nothing new or strange in this suggestion, but it is the course the writer pursued, and is the only way for me to acquire a comprehensive view of the complexity of the practice of medicine, and one which we think should satisfy a student of medicine and prevent him from running after new gods.

APPLICATION OF THE HOMŒOPATHIC MATERIA MEDICA TO PÆDIATRIC PRACTICE.

C. SIGMUND RAUE, M. D., PHILADELPHIA.

Perhaps the majority of indications for remedies in diseases of children are symptoms belonging distinctively to child life, both subjectively and objectively, and still none of them came to us through the proving of drugs in children, but were adapted to pædiatrics from provings on adults or obtained clinically. This is surely not a fault, for the results that have been obtained by using our remedies on these indications stand as unimpeachable evidence of their value and scientific accuracy. The ability to apply a set of symptoms and a series of physiological disturbances, or ultimate pathological changes primarily observed in adults to similar or analagous disturbances in children with the view of curing them, I hold a high compliment to the keen intellects and well rounded learning of the early homœopathic clinicians. It stands on an equal footing with any other accurate scientific deduction that has broadened the field of medicine, and is of as great importance as any other advance yet made in the study of children's diseases. But whether it is broad enough; whether it is self-sufficient, and as accurate and complete as so important a branch should be, is a subject that justifies an impartial investigation.

We can readily see how the polychrests were applied to sick children. An ailment in which evidence of pain was noted when the child moved or was moved; a disposition to remain quiet; dryness of the mucous membranes and skin, with fever and pronounced thirst, led to a trial of *Bryonia*. It was purely a deduction; no matter what the ailment might have been, *Bryonia* seemed indicated, and the curative result proved that Hahnemann's law was sound. Not all remedies, however, present such tangible evidence for their indication. Take, for example, *Colocynthis*. There it was evident from the child's discomfort that it suffered with colic. The mother had tried every means known to her to pacify the babe, but did not succeed in doing so until she had it across her shoulder, in this way bringing the entire weight of the child against her, the point of contact being the abdomen. The shrewd clinician interpreted this as

"'colic' with disposition to double up and press abdomen against some hard object."

There are, however, many indications for remedies that could never come from provings on adults on account of purely physiological reasons. Most noteworthy among these are the various abnormal stools, which are the chief indications for a large number of drugs. A brown stool is only found in a child when it is fed on certain kinds of food, and a light yellow stool that would be abnormal in an adult is normal in the babe. Again, a cause that would induce diarrhœa with abnormal constituents in the stool might induce no visible signs of ill-health in an adult. Take, for example, *Nux vomica* and compare its indications for digestive derangements in the infant and adult. In prescribing it for adults we lay great stress upon its gastric symptoms. In the intestinal tract we observe mainly constipation. With the infant, however, we prescribe it almost entirely upon the symptom of diarrhœa. It is the remedy *par excellence* for large stools containing undigested curds and a moderate amount of mucus, the conditions being of recent origin and, in significance, a simple intestinal indigestion. How do we account for this difference? Simply by the fact that the stomach in infancy plays no prominent role as a digestive organ, acting mainly as a reservoir. Digestion is almost entirely carried on in the upper portion of the small intestine. For this reason an attack of indigestion shows itself as diarrhœa.

We will now consider the constitutional remedies. Naturally a proving according to the ordinary means cannot enlighten us upon the subject of diathesis any more than an acute poisoning, but if we study the disorders of nutrition produced by the excessive or prolonged use of a medicinal agent we are in a fair way of solving the question. Take, for example, *Calcarea carbonica*. Take habitual drinking of a water impregnated with lime; has without doubt produced bronchocele, and seems to bear a relation to the etiology of cretinism. It is also known that a disease produced by the excessive use of an element like lime is identical with a pathological condition in which this element is deficient in the human economy. An example of this is anæmia in the habitual drinkers of chalybeate waters. Clinical ex-

perience has proven beyond a shadow of a doubt that such a substance, when administered in minute doses, stimulates the absorption of the deficient elements from the food. *Calcarea carbonica* administered in potency supplies the child with lime salts, which it formerly failed to absorb, by its action upon the absorbents and blood-making organs. This method study and observation has given us the rich and valuable symptomatology of *Calcarea carbonica* applicable to pædiatrics.

I must not fail to mention the affinity certain drugs have to certain temperaments. Thus, Iodine and the iodides are known to act more energetically in the dark complexioned, while blondes are more susceptible to bromine. In the mild, tearful disposition, so much benefited by *Pulsatilla*, it is often a waste of time to give another remedy. Failure to explain the rational significance of these clinical indications often causes doubt among the beginners in Homœopathy and calls forth satirical criticism from the old school.

The proving of drugs on children, I believe, will become a necessity in the future. It can be done with no more danger to the child than to the adult, and every physician, especially if he do hospital work, will find an opportunity to study drugs in an experimental way upon such children as may be under his care for a chronic disease without active symptoms, or for some surgical condition. I am surprised to find no mention made of this subject in any of the movements under foot to improve the Materia Medica, not even a pædiatrist being among the staff of specialists to aid in conducting the provings. Some time ago I gave *Iodoform* 3x to several children that I had occasion to observe, and was gratified by obtaining a few symptoms which, added to the previous knowledge I had of the drug, based on reported poisonings and clinical cases, made it possible for me to prescribe it more accurately, and with wider range. A state of listlessness and loss of appetite, looseness of the bowels, the stools containing undigested food particles and greenish mucus, and an irritability of temper were observed, Since then I have used *Iodoform* with gratifying results in subacute and chronic diarrhœas in scrofulous and tuberculous constitutions. It closely resembles *Calcarea phosphorica*, plus the *Chamomilla* temperament. The value of *Iodoform*

in certain forms of meningitis has been established. The observations are mainly clinical, but a perusal of the poisonings recorded in the Cyclopædia of Drug Pathogenesy, and those recently reported in the journals, should convince any one of the homœopathicity of the drug to the disease. Cerebral symptoms of toxic origin I have repeatedly controlled with *Iodoform*. The foregoing observations define the position occupied respectively by a proving and by a toxicological report in a drug pathogenesy. A proving, though scanty, may point out a field of usefulness for the remedy which could only be stumbled upon accidentally by empirical methods, besides defining important temperamental alterations that give the remedy a certain individuality.

Poisoning cases often verify the homœopathicity of a remedy for a condition that it would be dangerous to produce by pushing the proving, but which can often be inferred *a priori* from the pathogenetic action of the drug. Clinical experience further confirms the value of a drug as a therapeutic agent, and often adds symptoms of equal importance to any others, although they were never experienced in a proving. Their invariable control, however, wherever the drug is administered to a patient presenting them firmly establishes their legitimacy.

Many of the fallacious symptoms of the Materia Medica, as it now stands, have crept into pædiatric therapeutics and require weeding out in order to render prescribing more uniformly successfully, and prevent the discouragement which often overtakes beginners before they are able themselves to judge what is sterling, and separate the wheat from the chaff. On the other hand, many of our remedies have not been sufficiently worked up in this branch, and if we better knew how to use them on children we might well be able to dispense with a host of inferior claimants for attention. I do not presume to assail our Materia Medica, I would rather point out that a polychrest like *Rhus toxicodendron*, for example, as we understand it at present, is certainly a neglected remedy when it comes to prescribing it for children, for the simple reason that a prescription for *Rhus* is, nine times out of ten, based on the "*Rhus* pain" which is a difficult combination to elicit in an infant.

Were we, however, to take the "*Rhus* state"—the patho-

genetic effect of the drug upon the alimentary tract and the nervous system—as the key to the prescription we might find more frequent use for it, especially if the characteristic stool of the adult were properly modified. How often do we use or get results from such remedies as *Abrotanum* or *Gratiola?* Is it not better to understand the polychrests a little better so that we need not give up the certain for the uncertain? Grasping at flocks, however, is not necessarily confined to one stricken with typhoid fever, as it is exemplified in the kind of therapeutics that lays aside the well-based pathogenesy of the sheet-anchors in diphtheria for infinitessimals of dog's milk.

To use a drug properly it is necessary to supplement a knowledge of its symptomatology with judgment. The misapplication of keynotes often lead to disastrous results, not only to the patient, but to the prestige of Homœopathy as well. A case in point is the following; it was related to me some time ago by Dr. Dudley: A child that was not thriving was brought before a consultant; symptoms were scanty, but the child exhibited one prominent keynote, namely, pulling at the foreskin. *Mercurius corrosivus* was selected, but it did not improve the child's condition. It was then taken to another physician. He did not consider the above mentioned condition of any importance, as it simply indicated a local irritation, but he decided that the child needed a constitutional remedy, which, in this case, proved to be *Calcarea phos.*, upon the administration of which prompt improvement followed.

In concluding, I would say that the adaptation of the homœopathic symptomatology to pædiatric practice is a distinct branch of Materia Medica. That in the re-proving of drugs special attention should be paid to this subject, and, if possible, a series of provings be instituted to dispel doubt where it exists and unearth new treasures where they give promise. Further, in teaching this branch of the Materia Medica care should be taken to eliminate all doubtful material, and more strongly emphasize the proven, the positive, the reliable.

EXCERPTS FROM PRACTICE.

R. T. White, M. D., Allegheny.

In the study of Materia Medica perhaps the first question finding expression in our retrospective analysis is the same which arises in the pursuit of all scientific research, *i. e.*, the actual correctness and truth of its integral parts.

Are these multiplied symptoms contained in Repertory, Hand-Book, Concordance and Keynotes under all conditions the actual or chimerical curative picture of the drug dynamis.

It behooves us to avail ourselves of every opportunity in clinical verifications by physiological studies to note for the common good the facts accrued to further the effective knowledge in the relation of drug and disease.

Proving of drug dynamically and physiologically under the proper expert observation must be acknowledged the ideal of accuracy, but even here many errors creep in. Errors of temperament, of judgment and idiosyncracy may make the drug picture imperfect, as human reason must always remain finite, truth in science and arts must ever seem negative.

Although our Materia Medica will never hold within its pages the entire drug truth, it will always fulfil conditions acceptably and retain the lasting gratitude of the searcher for the similimum.

Clinical experience will remain an ever fruitful accumulating source of richest pabulum, giving us the Ne Plus Ultra, the final verdict to all inquiry.

In these clinical excerpts of special symptoms two of the drugs studied have not been through the hands of the prover, consequently we have only experience for our guide, and I shall simply dwell upon special characteristics as they appeal to my observation in their clinical application.

Fraxinus Americana.

The White Ash, Medicinal qualities in Bark, recommended in dysmenorrhœa, but given a more important sphere of application by the late Dr. Burnett for uterine prolapsus and

displacements, has proven a remedy of value in a much broader field of usefulness in its action upon the female pelvic organs than heretofore allotted to it. Its curative effects seem to be due to its qualities as a Vaso-Motor stimulant, centering primarily in the sexual sphere.

The mental symptoms show depression with a nervous restlessness, anxiety, forgetfulness, with difficulty in mental concentration. Uterus enlarged and patulous, with a watery unirritating leucorrhœa, readily displaced uterus ligaments seemingly incapable of exercising the proper support.

We find usually tenderness in the left inguinal region, with weight and pressure through the hypograstrium, bearing down with a feeling that visera will be expelled, pain often extending down the thighs, and the many distressing symptoms which accompany sub-involution, comparing with Lilium Tig., Sepia, Cimicif. The lower potencies appear to be most effective.

In Chaparro Amargoso we have a valuable remedy in chronic diarrhœa, those baffling stubborn cases which have resisted other treatment. Under the proper indications Chaparro will frequently produce reaction, cases of long standing seem to be met and their cure accomplished with refreshing ease, the restoration being permanent and complete

The drug has been used in the south and southwest in a routine, perfunctory manner and considered a specific for bowel affections.

The character of cases which are most promptly relieved comprise that broad field of conditions usually termed bilious, having frequent prodromal symptoms, uneasy, restless feeling through the abdomen, "in some, tenderness over the liver." The aggravations have intervals from a few hours to one or two days at a time, the return of the trouble being all the more depressing after the period of seeming relief.

The stools are frequent, comparatively little pain, but accompanied often with considerable mucus.

In another variety of cases one or two large, loose dejections each morning, without apparently being followed by any weakening effect. Compare Phos. acid.

Among most of these cases there is depression and nervous erethism, anxiety, sometimes with the fear that he cannot be relieved. In a few the mental state has produced insomnia and invalidism with all the accompanied weakness, although the appetite remained good.

Kali carb., Cupr., Ars. show a comparative relationship in their chronic mucus stools.

In the study of Anacardium, and in remembrance of its many kindly returns for the recognition of its value in peculiarly troublesome cases, I am grateful, believing that it is not infrequently overlooked, and hardly given the prominance which its happy effects should earn.

Many times Nux vomica is prescribed in stomach disorders, dyspepsia, etc., when Anacardium would do better, although first impressions give them little in common; they both have nausea in morning with a fasting sensation, pain, fermentation and pressure after eating, but the distinctive symptom in many of these cases may be found in the great appetite which the Anacardium patient manifests, although fermented or undigested food still remains in the stomach.

With the mental symptoms following long and exhausting fevers, when great prostration and weakness remains after the delirium, we find Anacardium distinctive. In this type we have mental irritability; the manifestations of the emotions and disposition of the patient entirely changed after the delirium has passed.

A child convalescent from fever will improve physically, rapidly returning to a normal state of strength, but the temperament will be all changed, proving a grief and disappointment to its parents; from a loving, even-tempered cherub we have a quarrelsome, irritable, erratic, uncontrolable, unhappy mania, without the normal sense of right and wrong, querulous and shunning his best friends, selfish, eating voraciously all food of any kind he can get his hands upon; the memory of home life and loved ones gone, supplanted by an antagonism to all withwhom he may come in contact.

Such a picture is not overdrawn, and I have seen Anacardium clear up cases when well grounded doubt had arisen as to the probability of a restoration of the mental balance.

The functionally disturbed emotional center restored and

the angel will again appear when the demon has departed.

Associate Anacardim with the gastric symptoms of the neurasthenic and nervous dyspepsia; it frequently proves specific.

Our polychrest, Hepar sulphuris, is not as frequently remembered in the bladder difficulties of old men as its usefulness would seemingly indicate. Those cases of chronic suppuration of the prostatic urethra not infrequently caused by enlarged prostate, the patient having to rise frequently at night, micturition painful and impeded, waiting some time before the urine begins to flow, when it passes very slowly, never finishing, some urine always remaining in the bladder. Urine showing pus and debris in sediment, form a picture of clinical accuracy and verification compared with the more active diuretics, Eupat., Purp., Chimaph., Fabiana and Puls.

Depression, loss of memory with absence of mind, form the the usual mental picture of Agnus castus, paradoxically called the chaste tree.

With its long list of complaints growing out of the sexual sphere from melancholy to impotence, we find a train of neurotic conditions, however, where the remedy will give excellent service, although the sexual weakness is not a pronounced factor.

It has marked restorative effect in cases of nervous depression, anxiety, mental forebodings of future, with loss of appetite. Lumbo-sacral backache, easily tired, and disinclined to mental or physical labor. These cases respond with surprising promptness to the remedy, as also a type of tachycardia caused by tobacco in the neurotic young man.

An observation on Baptisia and I will close.

Baptisia tinctoria has pain in the region of the right hypochondrium, with pressure, distention, rumbling, etc.

It meets the same general train of symptoms when located in the left side over the stomach and epigastrium, when associated with those low, devitalized systemic conditions, *e. g.*, indigestion, with dull pain. Malaise and muscular aching, etc.

DISCUSSION.

Dr. M. J. Chapman: I want to add one word to confirm

the use of Chapparo amargoso. I have used it in a large number of cases, and in those in which I got the greatest improvement it was given in the fluid extract, a preparation which Parke, Davis & Co. have prepared. I have potentized it and used it in the 3d, but have not gotten the same benefit as with the larger doses. In those cases of chronic diarrhœa, some of them apparently dysentery, and others ulcers of the sigmoid, where there were great accumulations of mucus, and the bowels in that state, this remedy helped when others failed. I came to know the remedy from someone who had been traveling and staying in Texas through the winter for the benefit of the climate, and on their return they told me of this wonderful remedy. They got the branches, and when they could not get any infusion from it they chewed the bark. Parke-Davis is the only firm which prepares it that I know of. None of the homœopathic pharmacists keep it as far as I know. But it certainly will affect cases in which other remedies, so far as I know, have failed.

Dr. Martin: How much at a dose?

Dr. Chapman: Of this fluid extract?

Dr. Martin: Yes.

Dr. Chapman: From five to twenty drops; it is very bitter, more bitter than alum. From five to twenty drops in two tablespoonfuls of water, that dose to be given three times a day. I used it in a family where several members had sarcoma; one of them apparently had a growth within the abdomen, but after I examined her I felt sure it was a condition of the bowel and not of the ovaries or uterus. She was so tender and suffered so much that an examination was very painful. I gave her this remedy for a few days and told her to return. In less than a week she felt better, and as she improved this enlargement wholly disappeared. It was without doubt a swelling and induration about the sigmoid. There is a great deal of depression. The remedy acts as a tonic. They grow stronger and the discharges assume the normal condition and the mucus becomes less. It is a remedy that will pay any of you to investigate.

Dr. E. C. Parsons: I have used fraxinus. Its use is recommended in the tincture. I arose a moment ago to

inquire from the writer of the paper if he had any experience in the dilutions. I recalled one case in which I used it in the tincture with very marked effect. There was very considerable enlargement of the uterus with very marked induration which yielded under the influence of the remedy in a very few weeks, given alone. I should like, however, to know if we can get the same results from the dilutions, attenuated dilutions.

Dr. White: I have used it mostly in the lower potencies —1st and 3d. Largely the 1x; 2d seems to be as good in my experience as 1x. Fraxinus has been most beneficial in the first, though I have given it in the 3d, and I tried to run up on it as the effects were marked.

Dr. W. J. Martin: These remarks bring to mind some remarks made based on a magazine article referring to geranium in diarrhœa, and the diarrhœa which it cures mostly is a dirty, dark, watery, stinking diarrhœa, frequent stools and obstinate. I have a lady who had diarrhœa for over a year. She received no benefit whatsoever from my prescriptions that I had given a year ago, and from me she passed into the hands of Dr. McClelland, and in his hands she fared no better. She stopped taking medicine and then would take what people would tell her, everything that came along. She got a bad spell on Monday and her husband said for me to go and take the case. She had twenty or thirty passages in twenty-four hours. Remembering the case and remembering that I had given her almost everything I knew of bearing on the case, I took an ounce of the tincture of geranium with me. I put two teaspoonfuls of the geranium in a glassful of water and took note of the number of passages she had. From the time she took the first dose at six-thirty on Monday afternoon until half-past eight the next day she had seventeen evacuations. Since then she has had no more That is what geranium did.

Dr. Aug. Korndoerfer, Sr.: One of the leading characteristics of Anacardium and which runs through the entire remedy is, as I expressed it on one occasion when speaking of the remedy, the forgetting of everything. It is not only the mental forgetfulness, but the forgetfulness by the special senses; the eye momentarily forgets how to see and

suddenly the vision goes. They are looking at something and the vision goes, but it comes back again in a little while, just as the memory. But the memory goes quickly for them; the sense of smell is suddenly lost; the sense of taste is suddenly gone. Even a mother after child-birth feels the care for the child, but she seems to forget the happiness which is supposed to follow the birth of the child. She becomes depressed. So all through the remedy there is the same condition—sluggishness of the bowels, lack of flow of urine, lack of secretion. The disposition, as it were, is for every function of the body to be sluggish, or, as I said in comparison, forgetfulness, just for playing on the word, for fixing the thought, as though the body forgot to perform its functions.

REPORT OF THE

SECTION OF SURGERY.

Obturator Hernia, with a Report of Two Cases, by H. L. Northrop, M. D.

Results Obtained by the Writer's Modification of Bottini's Operation, by L. T. Ashcraft, M. D.

Is the Treatment of Hæmorrhoids by the Injection Method a Rational One? by T. L. Adams, M. D.

Preparation and After-Treatment of Anæsthetic Cases, by J. W. Hassler, M. D.

Tubercular Adenitis, by H. P. Leopold, M. D.

The Care of Inoperable Carcinoma, by D. P. Maddux, M. D.

The Rational Treatment of Severe Burns, by Walter Strong, M. D.

A Plea for Surgical Intervention in Gallstone Disease, by W. B. Van Lennep, M. D.

OBTURATOR HERNIA, WITH A REPORT OF TWO CASES.

H. L. Northrop, M. D., Philadelphia.

Because of its rarity, because of its difficulty of diagnosis, and because of its high mortality, obturator hernia deserves our most careful and serious consideration. It is one of the many causes of acute intestinal obstruction, and, considering the small number of cases, such obstruction is produced by it with far greater relative frequency than by any other form of hernia. It may thus be very properly considered synonymous with bowel obstruction, for in nine cases of obturator hernia out of ten we must deal with this dire condition.

In regard to the rarity of obturator hernia, it is a noteworthy fact that only thirty operated cases were recorded

in Europe up to 1896. Sir Astley Cooper,* in 1802, had never seen an obturator hernia; and so far as he was informed at that time an operation for its radical cure had been performed but once. Anderson† has reported two cases, with one death. Godlee‡ reports three operated cases, all women, and all ending fatally. Elder‖ operated upon one case of obturator hernia (Richter's), female, age 73 years, which recovered, and left the hospital on the twenty-first day after the operation.

Obturator hernia is a protrusion of small intestine or omentum (I can find no record of any other abdominal or pelvic organ being involved) through the potential opening, or weak spot, in the obturator membrane, beneath the horizontal ramus of the pubic bone. Through the normal deficiency in the membrane the obturator artery, vein and nerve pass, and the canal, about two centimeters long, is directed forward, downward and inward. These vessels and nerve must necessarily be intimately associated with a hernia at this point.

The rupture, having carried the obturator fascia with it, will lie outside of the pelvis between the obturator membrane and the obturator externus muscle, or between the latter and the pectineus muscle, with the adductors longus and brevis on the inner side. Thus we see that it is of the intestinal variety of herniæ. The femoral vessels, resting upon the pectineus, will be situated in front and to the outer side of the hernial tumor. The obturator vessels and nerve are found either to the outer or the inner side of the sac at the obturator ring, or the nerve may be in front and the artery behind the sac. Their position varies greatly, which is one of several good reasons for abandoning the older operation of attacking the hernia by going through Scarpa's triangle. In fifteen cases collected by Vinson,§ they were found to the outer side in six, to the inner side in six, and behind the sac in three.

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* Sir Astley Cooper's *Anatomy and Surgical Treatment of Abdominal Hernia*, p. 324.

† *London Lancet*, April, 1896.

‡ *London Lancet*, June, 1897.

‖ *Annals of Surgery*, vol. xxxii., p. 285.

§ Nelaton's *Elemens de Pathologie Chirurgicale*, vol. iv., p. 403.

Because of the variable position of these structures, no one method can be formulated for the division of the neck of the sac; though, if it be approached from in front, the operator is in the safest position. The older authorities advised the division of the sac upon its inner side because the vessels and nerve were supposed to be placed upon the outer side in the majority of cases. A careful examination of reported cases, however, will show that this was poor advice, inasmuch as the vessels are found to the inner side with equal frequency. Formerly, the neck of a hernial sac was divided under cover and out of sight with a herniotome, now almost an obsolete instrument. We are living in the days of open surgery, where the surgeon cuts and divides under the guidance of the eye as much as possible, and not so much in the dark; he is not so dependent upon his knowledge of anatomy as he used to be; now he sees, or endeavors to, whereas formerly he worked more in obscurity. Obturator hernia occurs mostly in the female sex. Out of sixty-three collected cases, fifty-nine were in women.* Agnew † says it is rare under 45 to 50 years of age. Keen and White ‡ regard it as seldom occurring before 50 years. Coley ‖ makes it belong to past middle life, and finds that the average age of fifty-three cases was 61.8 years. Richardson § devotes a little more than four lines to the whole subject, and states that obturator hernia usually occurs in stout women advanced in years.

The symptoms of obturator hernia are, as previously noted, those of strangulation, since it is rarely recognized before obstruction supervenes. We have, therefore, the symptoms of bowel obstruction, to which may be added pain along the inner side of the thigh and in the hip- and knee-joints, due to pressure upon the obturator nerve at its point of exit from the pelvis; and there may be a fullness—slight, probably, if present at all—in the upper inner part of Scarpa's triangle. The sensitive neck of the tumor may sometimes be felt by a vaginal or rectal examination, but an extra-pelvic tumor is extremely rare. Richardson declares

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* Dennis' *System of Surgery*, vol. iv., p. 213.

† Agnew's *Surgery*, vol. i., p. 605.

‡ *American Text-Book of Surgery*, p. 807.

‖ *Ibid.*, p. 807.

§ *Surgery by American Authors* (Park), vol. ii., p. 417.

that the diagnosis is impossible without the presence of an external tumor. Woe to the surgeon who waits for either obturator pain or tumor. Fortunately, the surgery of to-day demands an early intra-abdominal exploration in cases of obscure obstruction, that the cause of obstruction may be promptly determined and located. This is the way in which many obturator herniæ are discovered.

While it may be possible to reduce an obturator hernia, a correct diagnosis of such having already been made, taxis is an ill-advised method of treatment, because, even if successful, it is impossible to make adequate and effective pressure against the obturator opening by means of a truss pad. Therefore the hernia will recur. Because the potential ring is small and its margins unyielding (they consist of bone and a tightly-stretched, strong, fibrous membrane), and because the structures anterior to this part of the pelvic wall are firm and substantial, a large protrusion is next to impossible. And by the same facts are explained the frequency of strangulation and of the Richter hernia, or partial enterocele.

The treatment of obturator hernia must therefore be operative. How shall the operation be done? Either from below, reaching the hernia by incising parallel to and to the inner side of the femoral vein, going between the pectineus and abductor longus muscles; or, preferably, opening the abdomen in the median line or in the right or left linea semilunaris, and attacking the point of constriction from within. The latter is the preferred route, because it enables the operator to deal more directly and easily with the parts concerned in the trouble. It is the usual method employed to-day, although Godlee* advocates interference both from below the pelvis and through the abdominal wall as giving the operator the best opportunity to meet the emergencies possible under the circumstances.

Case I.—Mrs. C., age 68 years, was operated upon in May, 1900, for a right-sided femoral hernia. Complete recovery followed, and she enjoyed good health until May 26, 1901, when she became constipated, and suffered severe abdominal pain and frequent vomiting. Her bowels did not move for four or five days. A diagnosis of bowel obstruc-

* *Ibid.*, p. 417.

tion had been made by her physician, in corroboration of which I found the following condition: anxious facial expression, heavily coated tongue, persistent nausea and frequent vomiting of mucus and bile, severe pain in right lower quadrant of the abdomen, slight distention of abdomen which was tympanitic to percussion and also quite tender. There was no rigidity of the abdominal muscles. Temperature, 97.8°; pulse, 68. A short, linear scar was noticed in the right inguinal crease, the result of her operation for femoral hernia one year previously. There was no tumor to be found in umbilical, inguinal or femoral regions. There had been no pain in the thigh, and there was no fullness or increased resistance in either of Scarpa's triangles. My diagnosis was acute bowel obstruction, due, probably, to adhesions or some trouble at the right femoral ring, the seat of her old hernia.

I operated in twelve hours from the time I first saw her (consent was not given before), making an incision four inches long in the right linea semilunaris, extending it down to the inguinal ligament. I found the peritoneal cavity to contain a considerable quantity of free, thin pus, in which floated a number of fibrinous flakes. The peritoneum was intensely injected, while the coils of the ileum immediately beneath the incision were collapsed, covered with fibrinous material and matted together. While liberating these coils, several ounces of pent-up pus were evacuated. Searching for the seat of obstruction by breaking up newly-formed adhesions in the pelvis, I was surprised by an escape of liquid feces. This was presently found to be pouring out of a circular, punched-out opening nearly the size of a dime, with ulcerated edges, and surrounded by inflamed, friable bowel wall. I quickly closed this perforation with fine silk and traced the bowel to the right obturator ring, through which it had passed out of the pelvis. By gentle, persistent traction it was liberated from this vise-like constriction, when it was found to be dark in color and bordering on a gangrenous condition. Nearly three inches of the ileum, a complete loop, had been protruded through the obturator opening. The vitality of this segment was very much impaired, but it showed signs of possible recovery; and as the patient's general condition was far from good, I packed the

wound with iodoform gauze and hurried her to bed. She died in forty-eight hours.

CASE II.—Mrs. L., age 41 years, tall and very thin, was seized with abdominal pain while putting a roast of beef into the oven. This pain "felt like a butcher-knife cutting her in 'the privates,'" and also extended down the inner side of her thigh as far as the knee. She began to vomit at once—I say "began," for she kept it up for six days—vomiting food, purgative medicine, bile, etc., which, after two or three days, had a fecal odor. Purges and enemata were administered, but no bowel movement occurred for six days—not until after her operation. Acute intestinal obstruction, high up, was diagnosed by her attending physician.

In addition to the symptoms just enumerated, I found a moderately distended abdomen, somewhat tender over the right lower quadrant; and by most carefully comparing one side with the other, I detected a slight, but positive, increased resistance high in her right Scarpa's triangle. This same area was also somewhat sensitive. There was no tumor. Diagnosis, obstruction of the bowels, due to a right strangulated obturator hernia.

I operated upon her as soon as preparations could be made, making an incision in the right linea semilunaris down to the margin of the pelvis. The peritoneum appeared normal. I at once sought the obturator region upon the right side, and found the ileum caught in the ring. By making gentle traction from within, and pressure or taxis from without in Scarpa's triangle, I was able to liberate a Richter hernia which evidenced a considerable degree of strangulation. Under the application of hot water the darkened bowel wall was resuscitated, and the abdominal incision was sutured except at the lower end. I made no attempt to radically close the obturator opening other than by inserting a piece of iodoform gauze down to its mouth, through the lower angle of the wound, to bring about the formation of adhesions and granulation tissue, thus hoping to effectually seal it and secure the neighboring intestinal loops from further protrusion. The gauze was allowed to remain *in situ* for one week. This patient made a complete recovery, her wound healed by first intention, and she was discharged cured in twenty days.

In conclusion, let me emphasize the importance of a careful, comprehensive, complete examination of cases of bowel obstruction, with a determination to arrive, if possible, at a correct diagnosis of the cause early in the disease or attack. If this special, systematic effort be made to determine the cause, many obturator herniæ will be diagnosed, if not before strangulation, at least before operation. Let it be remembered that bowel obstruction belongs to the domain of surgery; that bands of adhesions, hernial rings and constrictions, malignant neoplasms, etc., are not miraculously melted away by internal medication, nor by the use of atropine, subnitrate of bismuth, etc., as some would have us believe, and to which attention has frequently been called of late.

I would advise the selection of the abdominal route in attacking an obturator hernia, combined, when circumstances necessitate it, with a secondary incision through Scarpa's triangle.

Evidently no one has deemed it advisable to seriously suggest a radical closure of the obturator ring, either from below or from above. "Discretion is the better part of valor," after which we must confess that while the sac of an obturator hernia may be ligated, the ring itself cannot be satisfactorily and easily closed. The gauze pack, however, will isolate the ring from adjoining intestinal loops, and thus by adhesions we may be able to seal the opening and bind the intestinal coils together sufficiently to prevent further herniæ at this point.

DISCUSSION.

Dr. W. B. Van Lennep: Dr. Northrop has evidently had the same experience that I have had. I have met with a few operative cases and both within a week. I want to congratulate Dr. Northrop on the fact that he was able to diagnose the cases. In my cases, there was the Littre's form of hernia. In both cases there was perforation of the intestines, which was accompanied by a sharp ring when the intestines were cut and came away, letting the fæces pour out into the abdomen.

I met with one case of obturator hernia in a patient who was sent to me suffering with hip-joint disease. The patient

had to limp and he had pain in the knee. Only after a careful recognition of the impulse on the inner side of the thigh was I able to make a correct diagnosis. That patient refused operation.

I want to call attention to the fact of the resemblance of obturator hernia to hip-joint disease.

IS THE TREATMENT OF HÆMORRHOIDS BY THE INJECTION METHOD A RATIONAL ONE?

T. L. Adams, M. D., Philadelphia.

The title of the paper being in the form of a direct question, I trust the presentation of a few facts, together with its impartial discussion, will place the subject in a different light before the profession from that which it has unfortunately held in the past. Without doubt, surgeons generally have formed erroneous ideas regarding this method, regarding its employment in select cases, and regarding the manner through and by which we obtain satisfactory results, the disrepute into which it has fallen being largely due to the fact that many have attempted its use without first acquainting themselves with the character of cases in which it is applicable. The object of the paper being mainly to present the writer's idea of the application of this method renders it unnecessary to go deeply into the etiology of hæmorrhoids (which can be readily obtained from any of the standard text-books) further than to state that they are primarily a varicosity of the hæmorrhoidal plexus of veins, no matter what their location, with the exception, however, of the frequently met with hypertrophied anal fold. We will, for the sake of convenience, classify them so as to better enable us to select those cases amenable to this special treatment. A division, therefore, into two general classes, external and internal, which, in turn, are subjected to several subdivisions, will suffice. The external variety, consisting, as they do, of either a ruptuted inferior hæmorrhoidal vein, and consequent extravasation of blood into the surrounding tissue which should be treated by incision and turning out of the clot, and the exaggeration rugæ, or ordinary hypertrophied skin fold, which should be scissored off, will require no further consideration, as under no circumstances would

it ever be admissible to use the injection method in this class of cases.

The internal varieties are divided into two classes: First, the capillary, formed by the arterial and venous terminals, and the capillaries which join them. They are recognized mainly by their predisposition to bleed when disturbed in the slightest degree, are usually quite small, rarely, if ever, protruding beyond the sphincter unless complicated by growths or other conditions, and require specific treatment other than the one under consideration; and, second, the venous, consisting primarily of a vericosity of the middle and superior hæmorrhoidal veins. This being the most frequent variety and the particular one in which the injection method is especially adaptable, we will more fully consider it.

Internal hæmorrhoids may exist for a considerabe time without the patient's knowledge; in fact, until the dilated veins have assumed a sufficient size to prolapse beyond the external sphincter muscle, little more than a fullness, aching and bearing down after stool being noticed, as the veins up to this stage in the development of the trouble still retain in great measure their tonicity and are able to empty themselves and properly perform their functions. Should this over-distention of the veins continue, their coats will lose this tonicity, will fail to empty themselves and thus remain permanently dilated; we will then have occurring the prolapsus, not only at, but between stools.

This prolapsing mass coming directly in contact with the external sphincter will engender in that voluntary muscle a marked irritability; in fact, will convert it into an involuntary muscle, and sympathetically the internal sphincter will be similarily affected. Under these circumstances, what conditions will be presented?

The hæmorrhoidal veins being devoid of valves and obliged, by their muscular coats, to support the column of blood, are held tightly in the grasp of these two muscles and their circulation greatly impeded. Then, in turn, will follow semi or complete strangulation with sloughing until we have practically a fibrous tumor resulting.

Such pathological changes are, of course, directly traceable to pre-existing conditions, constipation, straining at

stool, straining against an empty rectum, retained fæcal matter within the rectal pouch, growths, malignant or benign in the rectum; obstruction of the portal circulation resulting from disease of the liver, abdominal tumors, and in the female pregnancy and displacements of the uterus, any one of which conditions will cause an interference in the hæmorrhoidal circulation.

Having thus in a very brief manner cited the causes of, and the various stages in the development of a case of hæmorrhoids, the consideration of a typical case presenting for treatment will best serve our purpose.

Bearing in mind that interference with the hæmorrhoidal circulation from whatever cause is the starting point of all these pathological conditions, we would naturally look for some means to remedy the same. If traceable to growths within the rectum, or abdominal cavity, their removal, if possible, is imperatively demanded; if to a displaced uterus-such displacement should be corrected; if to constipation, due to atony of the bowel or rectum (for, of course, any of the above-mentioned conditions may also produce constipation), the properly selected remedy, hygiene and exercise are essential adjuvants to the surgical interference.

Locally, our first object would be to relieve the obstruction to the circulation caused by the sphincteric irritability. How shall this be accomplished? Authorities upon rectal surgery have devised and recommended for this purpose various instruments: The bi-valve speculum, bougies of metal or rubber, hollow bougies to be alternately filled with hot and cold water, etc., all of which have undoubtedly proven useful in the hands of their inventors. Some years experience in their use has not favorably impressed me, more satisfactory results having been obtained by digital manipulation. Again, not having the finer sense of touch transmitted through the handle of an instrument that is given us when using the fingers, the opportunity afforded one to judge as to just the amount of dilatation necessary without permanently destroying the usefulness of the muscle makes this method preferable, for a distention of the muscle to the point that would produce a laceration of its fibres is not only unnecessary, but attended with many annoying consequences. In fact, I am thoroughly convinced that inconti-

nence will more surely follow a bad laceration of the muscle than its complete division by the knife. Our object, therefore, is not to paralyze the muscle, but rather to destroy its irritability, leaving it still abundantly able to perform its physiological function. The destruction of this irritability is, I believe, obtained by simple nerve stretching, and can be readily accomplished by carrying the dilatation to a point at which our sense of touch tells us the muscle is about to give way; in other words, we are sensible of the fact that there is about to occur solution of a continuity of its muscular fibres. To carry the manipulation beyond this point is, in my experience, unnecessary, the advice of the standard text-books to the contrary notwithstanding.

It has also been recommended that in conjunction with the dilatation a massage of the muscle should be given, and its complete paralysis induced. Such a pronounced traumatism cannot fail, in the majority of cases, to permanently affect the usefulness of the muscle, and certainly accomplish nothing more in the direction of relieving its irritability.

The anæsthetic employed also plays a very important part. Complete narcosis induced by chloroform, ether, or any of their combinations, as is well known, produces relaxation of the muscular system, and when traction is made upon the parts we have nothing to guide us, the muscle being already in a state of flabbiness. An anæsthetic, therefore, that will produce complete insensibility to pain and yet allow the muscle to retain in great measure its resistance and rigidity will give us the best possible chance to determine the point of sufficient dilatation with accuracy; and this ideal anæsthetic we find in nitrous oxide gas. Another point to be remembered is, the manipulation of the muscle, requiring, as it does, for its complete accomplishment not over one and one-half minute, it is well to employ an anæsthetic that will quickly produce insensibility, and also permit of a rapid return to consciousness.

The patient having been placed in the Sim's position and anæsthetized, with the index, middle and third finger of each hand well lubricated, we commence our operation by the introduction of the index fingers, making gentle traction. As we feel the relaxing effect of such manipulation, the middle and third fingers are successively introduced, and the trac-

tion continued with the increasing force, its direction being midway between the antero-posterior and the transverse diameters, thus avoiding the coccyx behind and the pubes in front and the tuberosities of the ischia on either side, in this manner obtaining the greatest possible amount of space in which to work. The divulsion having been carried to a point at which we feel the resiliency of the muscle about to give way, we finally, with the aid of the thumbs on the cutaneous surface, evert the entire pile bearing inch when the operation is completed. The pain and distress following such a procedure is so trifling that the patient within ten or fifteen minutes will be able to arise and go about his or her ordinary duties, the simple application of hot compresses two or three times during the succeeding twenty-four hours being sufficient to induce perfect comfort. The patient being directed to report within the next two or three days, a marked change will be noticed in the appearance of the parts; the muscle is now perfectly relaxed, congestion entirely relieved, and in the great majority of cases prolapsus is a thing of the past, the circulation being no longer impeded. There will, however, be a marked flabbiness of the pile bearing inch, due to the fact that the veins have not as yet regained tonicity, and without further assistance they would never be able to perform their functions properly. And just here can be demonstrated the satisfactory results obtained in the employment of the injection method. If a surgeon be called to attend a patient suffering from a fracture, he would first accurately adjust the fragments, and then keep them in position by a splint. Up to this point in our treatment we have only relieved the vein of its pressure and congestion; and we must now support its relaxed walls until they have regained their proper tone. The injection should, therefore, be made in the submucous tissue around the sheath of the vein, the object being to induce a slight inflammatory action and the consequent throwing out of a plastic exudate, completely encircling and supporting the vessel, in very truth placing it in a splint. The injection, if made in the cavity of the vein, with the hope that a coagulum will be formed and the vein obliterated, is not only unsurgical, but particularly dangerous, we all being perfectly familiar with the grave consequences that might

follow such a procedure; and it is for this reason that the profession having been so long misinformed as to its application have so bitterly condemned the method.

The character of the fluid used for injection is, I think, of far less importance than the precise manner of its application; *i. e.*, around the sheath of the vein, and never into its cavity. Any fluid that will superinduce a mild inflammatory action will produce the desired results. Ergot fluid extract with phenic acid and glycerine; weak solutions of phenic acid alone, from one to ten per cent.; phenol 15 to 40 per cent. have all proven satisfactory in my hands, the least distress, if any, following the use of the phenol, though the progress made will be less rapid. The fluid as well as the syringe and needle should always be absolutely sterile. Before making the injection, the tumor to be treated should be thoroughly cleansed with bichloride 1-4000. If, following the divulsion, there should at any time be a prolapsing tumor, which, however, rarely occurs, never inject the same until after it has been replaced within the rectum, as the manipulation required to effect such a result after the injection has been made will greatly intensify the inflammatory action and cause pronounced discomfort. There should never be more than one (at most, two, if the tumors are small) injection given at any one treatment if the patient is to enjoy the greatest degree of comfort; and unless the tumor be a very large one, it is rarely necessary to treat it more than once. An interval of from three to five days should elapse between the treatments, unless the patient be particularly sensitive, when it is often well to give them a rest of a week. According to the size of the tumor, from three to five drops of the fluid will be found amply sufficient, and should be injected slowly, the ordinary cases requiring from three to five weeks to effect a cure. The use of a cylindrical speculum will be found most convenient, the relaxed anal fold and mucous membrane being held out of the way, the tumor prolapsing directly into the end of the speculum, thus giving an unobstructed view. Now, what advantage can be claimed for the injection method over radical surgical interference? First, consider the mental effect upon the patient. Cases that can be treated to a successful conclusion by this method will constitute more than 75 per cent.

of all those presenting themselves for treatment. We are well aware of the horror conveyed to the mind of the average patient by the word "hospital;" therefore, when we can say to such a one "you can be relieved without submitting to etherization, operation by the knife, clamp and cautery or ligature," and have substituted instead a practically painless treatment, perfectly safe, and during the period you are receiving the same are not only permitted but enjoined to follow your usual vocation, which in no manner will interfere with the ultimate result, will most certainly relieve in a great measure the anxiety that would otherwise exist. Again, from a physiological standpoint, what can be offered in its defense? A radical operation means a partial destruction of the anatomy of the parts, for, of necessity, a large portion of the circulatory apparatus must be sacrificed, and consequently the extra work thrown upon the remaining vessels will, in time, impair their vitality, and a recurrence may, with a fair degree of certainty, be expected. On the other hand, the patient cured by the injection method will leave your office with every portion of the hæmorrhoidal plexus of veins performing their normal function, and can truthfully be assured that by reason of this very fact there is much less liability to a like trouble presenting itself in the future.

In conclusion, permit me to call special attention to the following points:

Never inject into the cavity of the vein.

Never inject an external hæmorrhoid or an anal fold.

Never inject a mass protruding beyond the sphincter until it has been replaced.

Always destroy sphincteric irritability, thereby establishing free hæmorrhoidal circulation before employing the injection.

Do not inject more than two tumors at any one treatment, if the patient is to enjoy the greatest degree of comfort.

Caution the patient during the course of treatment especially to guard against straining at stool or against an empty rectum.

DISCUSSION.

Dr. W. B. Van Lennep: I believe it is not only my pleasure, but also my duty, to say a word as an operating surgeon in the way of endorsing Dr. Adams's method, that is, the dilatation method and injection. I believe also from quite an extended experience in connection with Dr. Adams and his work that his statistics of 75 per cent. are low. I believe probably 80 or 85 per cent. of the cases of hæmorrhoids met with will yield to treatment—which will leave 10 to 15 per cent. for radical operation. When I first became acquainted with Dr. Adams's method, I had some prejudice against the injection method, but having watched his work and asepticity, and particularly having watched his results, I wish to give my unqualified endorsement of his injection-and-dilatation method.

Dr. G. B. Moreland: I, of course, can add nothing to the paper presented by Dr. Adams, but I have had the pleasure of being in his office and watching his work, and in the last two years have followed the same plan of treatment as laid down by Dr. Adams in his paper. I can do nothing more than corroborate the statements he has made, that the percentage of patients who can be cured and relieved of their trouble by this method is at least 75 per cent. I feel that if more of the profession knew of it and practiced it themselves a great many people who are going around suffering now, afraid of having a radical operation performed, would be much benefited by it.

Dr. J. H. McClelland: I have enjoyed hearing the very scholarly paper by Dr. Adams. I must say that in times past I have done the radical operation, but, as noted by Dr. Van Lennep, the methods here recommended by Dr. Adams I believe would yield just the success which he claims. You cannot too much emphasize the points that are made by Dr. Adams, that is to say, the dilatation which should precede and the care that must be taken to inject only the submucous tissue. These two points alone would almost insure success under that method. I have known a good many cases where the "injection method," so-called, has produced the most dire results, and anyone can see the reason for it from his paper. I think the Society owes thanks

to Dr. Adams for having presented it in the true light, and for having given us accurate data by which we can attain success in this way.

Dr. L. T. Ashcraft: I wish to speak most unqualifiedly of the methods practised by Dr. Adams since I have seen him work. So much do I believe that divulsion is a good process that before resorting to operative measures on the prostate where there exists an irritable sphincter I have adopted this method with gratifying results, having little trouble with hæmorrhoidal difficulties afterwards.

Dr. Aug. Korndoerfer, Sr.: I would like to say just one word in reference to the injection treatment. I wish to say that many of our physicians waste time upon the treatment of hæmorrhoidal conditions that have passed the stage of possible recuperating action under medicinal agents. They have, as Dr. Adams has said, reached that condition which a bone has reached in a fracture. The hæmorrhoidal vessels require support. The internal support through Nature alone is not sufficient. The integrity here has been sufficiently interfered with to make it impossible for the part to be restored under the action of any remedial means, save those which the doctor referred to, or similar ones. I have noticed from personal experience and speak from knowledge when I say that the treatment is abundantly successful in all the classes of cases to which he refers. I remember one case in which I employed the most careful treatment I knew how. The patient came to me—had been under the care of several Philadelphia physicians—with the same result in each case, namely, lack of cure; temporary relief but lack of cure. I insisted upon a divulsion and the injection method, which was employed. Three injections after the divulsion afforded all support to the rectal tissue required, and the patient was radically cured of a condition from which she had suffered for not less than fifteen to eighteen years. The sphincter had become thickened and almost spasmodically closed at all times to such a degree of intensity that the patient was never entirely free from pain. Under divulsion and treatment she was entirely relieved in less than ten days from a condition of suffering that lasted fifteen years. I know that mentally and physically she was in better health. I think it due to Dr. Adams, who has been so modest; I feel it more

due to the profession, and still abundantly more due to the patients we are failing to treat, because we are not considering the important factor of removing the cause as taught by Hahnemann.

Dr. H. L. Northrop: Since Dr. Adams' paper has received such unqualified endorsement here this morning, I can add testimony that will surpass anything that anyone can give. He has operated on two members of my own family with complete success and immediate relief, and with no detriment in the way of handicapping their business or work.

Dr. McClelland spoke of emphasizing one or two points which Dr. Adams brought out, namely, the dilating of the sphincter. I would go one point further and emphasize the dilating of the sphincter, as Dr. Adams described it. The general surgeon and myself included are too likely to overstretch and paralyze, and he has pointed out the error. It is the moderate, careful dilation to which he refers that I would like to emphasize. The old operations of Pratt, Whitehead and clamp-and-cautery method are those operations of which Dr. Adams speaks as destroying the anatomy of the rectum and anus to a great extent, and should also, at least when comparing them with the injection method, be discarded. The surgeon, in operating in the old way, will ream out the rectum. Dr. Adams does not believe in any such procedure as that, and it was not necessary for him to come here to-day and ask the question, "Is the treatment of Hæmorrhoids by the Injection Method a Rational One?" Because of his success!

RESULTS OBTAINED BY THE WRITER'S MODIFICATION OF BOTTINI'S OPERATION.

L. T. Ashcraft, A. M., M. D., Philadelphia.

Although I have previously written about Bottini's operation,* † yet, until now, personal experiences have not been

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*The Bottini Operation for Hypertrophy of the Prostate, a Modification of its Technique, Reprint from the Hahnemannian Monthly, August, 1900.

†The Present Status of the Bottini Operation, read before the Surgical and Gynæcological Association of the American Institute of Homœopathy Richfield Springs, N. Y., June 18, 1901.

cited. It was thought advisable to await results before reporting any cures. Neither Bottini's operation nor my modification of it will be minutely outlined, since such has been done in the articles just referred to. Outlines of each only will be given.

With an electro-prostatome, which is passed into the bladder and hooked behind the prostate, furrows are burned through the obstructions, the power being furnished by a galvano-cautery battery. The eschars are removed during urination. Subsequently, these gaping furrows contract, and a lower urethral level is obtained, thus allowing the bladder to empty itself. Searing also cuts off the blood supply to the prostate. The operation is now endorsed by most surgeons. Perhaps it may be interesting to read the statistics of Freudenberg*:

"Statistics compiled by me October, 1900, comprising my own operations and those contained in the whole literature of the subject, in which 753 cases had reference to the mortality, 718 to the success of the operation, showed 4.25—5.84% mortality, 7.66% failures and 86.63% good results, *i. e.*, cures plus marked improvement. Among 248 good results, which could again be sub-divided, 152 (61.29%) were designated as cured, 96 (38.71%) as substantial improvement. By the term cure, it is understood that the patients could entirely dispense with the use of the catheter for the evacuation of the urine, that they could micturate absolutely without inconvenience as to frequency, with a clear stream, and without difficulty, and that the residual urine had entirely disappeared or had diminished to an insignificantly small quantity of, say, 50 cubic centimeters. It is self-evident that with a cure and also in cases of substantial improvement, marked improvement of the general health, characterized especially by a considerable increase in weight and enhancement of the appetite, and removal of the symptoms referable to the alimentary canal, is noticeable. As an especially agreeable supplement to Bottini's operation may be noted the almost entire removal of obstinate constipation existing prior to it."

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* See an article by Albert Freudenberg in "Elecitrcity in Medicine and Surgery," King.

There are, however, certain objections to this operation. First, It has been called a dark one, although this is hardly a serious objection to those skilled in bladder and urethral manipulation. Besides thorough cystoscopic examinations undoubtedly serve as an intelligent guide to the amount of glandular overgrowth which should be incised. Second, Profuse hemorrhage, immediately following, due to perforation of the urethra, has not infrequently been observed, demanding supra-pubic or perineal section for its control. Meyer* cites a case followed by absolute retention demanding supra-pubic aspiration for three days consecutively. Third, Most operators agree that a cystitis, if present, disappears slowly, and, that following operation, both local and internal treatment must be given to cure it or a subsequent operation made for its removal.

Accordingly, that these features might be eliminated, it occurred to me to combine this operation with a perineal cystotomy. First, Because it slightly eliminates the factor of operating in the dark by permitting intra-vesical exploration. Second, In the event of hemorrhage, a short avenue is at once afforded for tamponment. Third, By tying in a drainage tube, absolute retention is entirely eliminated and the bladder may be drained and irrigated for several weeks, or, indeed, permanent drainage can be obtained, thus affording the best means for the cure of a cystitis.

This table shows the results obtained from twenty-one operations:

Mortality	00
Cures, in the sense of the term as designated by Freudenberg	17
Improvement	1
Moderate improvement	2
Case still under observation showing marked improvement	1

It is not my intention to weary this Society by detailing every case. A few, selected, may prove interesting.

Case No. 1.—G. S., aged 80, patient of Dr. H. Murray Stokes and Dr. J. J. Tuller, consulted me December 15, 1900. During the past ten years had been troubled with cystitis of prostatic origin. He had consulted many surgeons who had declined operation. "Catheter life" was the fate assigned

* Medical Record, April 28, 1900.

him. He had suffered several attacks of complete retention. It was during the last one that my services were required. Words fail me when attempting to describe his appearance. A feeble, old man, whose very act was an effort. It was with the greatest difficulty that a silver prostatic catheter passed. The attack yielded to proper catheterization, followed by bladder irrigations of a 1-4000 permanganate of potassium solution, together with 3 grain Ichthyol suppositories administered by the rectum T. I. D., and Urotropin, grains 5 T. I. D.

Subsequently, it was decided to do my operation, and accordingly he was sent to the Hahnemann Hospital. Before operation the condition of the urinary organs was as follows: The prostatic urethra was narrowed, tortuous and 10 c.m. (4 in.) long; the residual urine amounted to 20 ounces, presenting all of the characteristic features of bladder inflammation; accurate prostatic measurements by the rectum were impossible because of the enormous size of the gland, all lobes being greatly enlarged and very hard.

On February 6th, under ether, perineal cystotomy was performed, and the middle lobe incised 6½ c.m., two cuts being made to and fro. Each lateral lobe was incised 2 c.m. With the exception of a rise in temperature the evening of the operation, an uneventful recovery followed, and within three weeks the patient spent the day in a chair. On March 4th he returned home much benefited. Because of the condition of the bladder, permanent drainage was made. On July 11th the patient's heart became weak, and he died July 23d. Not much was to be expected for such a case. It was, however, very gratifying to know that for seven months he was free from the discomforts of prostatic hypertrophy.

Case No. 2.—S. S., aged 74 years, patient of Dr. Geo. Haas, Allentown. During the past four years has been suffering from cystitis of prostatic origin. Recently the symptoms had increased in severity and the calls to urinate had been half hourly both by day and night. I saw the case July 2, 1900, during an attack of acute retention. This quickly yielded to treatment, which consisted in the use of the catheter morning, noon and evening, followed by bladder irrigations with a 1-4000 Permanganate of Potassium solution. Cantharis and Urotropin were also administered. Ichthyol

suppositories were inserted into the rectum morning, noon and evening, Finally, operation was suggested and accepted.

The urethra was ten inches long (25 c. m.). The prostatic portion was exceedingly narrow and tortuous. The bladder contained six ounces of residual urine, presenting all the characteristic features of cystitis. The prostate was soft and glandular, the median lobe most characteristically enlarged.

On July 23d, under general anæsthesia, perineal cystotomy was made and the middle lobe of the prostate incised to and fro twice 4 c. m. Each lateral lobe was incise 1¾ c. m. On the evening of the operation the patient's temperature rose to 102 degrees and quickly dropped to normal the next morning. It again rose to 101 degrees on the third day and remained around 99 degrees until the twelfth day, when the drainage tube came out of the perineal wound and he urinated through the urethra. Immediately afterwards the temperature rose to 102.2 and quickly dropped to normal until the case was dismissed on the twentieth day. Except insomnia and excessive nervousness no complications were observed. A letter from his doctor on September 17th informs me that the patient is able to walk about and has gained both in strength and weight. He does not use the catheter, but urinates about every two hours, having a slight amount of burning associated with the act. I am inclined to believe that the ardor urinæ is caused by a slight focus of inflammation near the trigone.

Case No. 3.—J. L., aged 63, patient of Dr. F. J. Slough, Allentown. During the past three years has had painful and frequent urination, being compelled to arise three to four times during the night to urinate. He complains also of fullness in the rectum and constipation.

The urethra was 25 c. m. long. The bladder contained six ounces of clear residual urine. The prostate exhibited fibrous enlargement of the middle and lateral lobes.

On May 3d Bottini's unmodified operation was made. Because of the absence of cystitis it was thought unnecessary to do perineal cystotomy. The middle lobe was seared twice to and fro 4 c. m., and each lateral lobe was similarly treated and incised 1¾ c. m. Immediately following operation the patient voided six ounces of bloody urine.

That evening the temperature rose to 101 F. and dropped to normal the next morning and remained so until the third day, when it again rose to 100, when frequent and violent cystospasms occurred and a tumor could be outlined above the pubes. Until then, urination was normal. As voluntary urination was now impossible a Mercier catheter was tied in the bladder and that organ drained for twelve days. During this time the morning and evening temperatures were about one degree above normal. On the thirteenth day the catheter was removed, voluntary urination returned very slowly. The temperature gradually approached normal. The case was dismissed on the twenty-seventh day after the operation.

This case illustrates that following Bottini's original operation, hemorrhages, partial or complete retention and cystospasms are very likely to occur. Had my modification been employed, these features, together with the cystitis which naturally followed, would have been avoided. On August 15th I re-examined the patient, finding one-half ounce of residual urine. He is perfectly free from annoying urinary symptoms, has gained fifteen pounds and daily follows the life of a farmer.

Case No. 4.—G. H., aged 60, patient of Dr. R. W. Martin. During the past seven years has been annoyed with cystitis of prostatic origin. Operation was suggested owing to a break down in catheter life.

The urethra was 27 c.m. long. The bladder contained 12 ounces of residual urine, presenting the usual features of cystitis. All lobes of the prostate were enlarged and fibrous.

Under ether, perineal cystotomy was made April, 1899. The middle lobe was incised 6 c.m. twice to and fro, and each lateral lobe similarly incised 1¾ c.m. An uneventful recovery followed. Subsequently, it became necessary to irrigate the bladder with a 1-4000 permanganate of potassium solution in order to clear the urine. It was my pleasure to present this patient before the members of the Philadelphia Medical and Surgical Society, who regarded the case as vastly benefited. Although it has not been my fortune to see the case for some time, yet his wife assures me of his complete recovery.

PREPARATION AND AFTER TREATMENT OF ANÆSTHETIC CASES.

J. W. Hassler, M. D., Philadelphia.

It has taken a long time for the profession to realize that to set up complete anæsthesia and maintain it for a considerable length of time is a serious matter. Not that we shrink from it now any more than formerly, but we do it with the full consciousness that it is not free from danger, consequently we are more intent on guarding against severe and even troublesome after effects, and the result is that anæsthetization as now conducted is less perilous and less unpleasant than was once the case. We believe that in all our large hospitals the management of anæsthetics is as pleasant and safe for the patient as our present knowledge admits of its being, and we believe also that outside of hospital walls the same carefulness is exercised in the great majority of instances; nevertheless, we are quite convinced that there are still too many practitioners who are not sufficiently impressed with the necessity of sparing no pains to promote the patient's safety and comfort. The practitioners can only learn the art of anæsthetizing by practical work; the preparation and after treatment of anæsthetic cases can be gained theoretically.

In regard to the preparation of the patient, I start out with the assertion, made from observation, that the minimum amount of annoyance and preparation of a patient prior to the operation the better they take the anæsthetic and better the recovery. The ordinary preparations for an operation are conducive to producing a high degree of nervousness; the sudden change in diet, the shaving of parts, catharsis, enemas and catheterizations suggest to the patient the coming operation and we have an irritable mind. With a change of diet and an enema some hours before operation I believe to be sufficient preparation. Are not some of the best results in emergency cases? The shaving of parts can be performed at the time of operation in a few minutes. Are not the results of primary union in emergency laparotomies as apparent as in those cases prepared for 24 or 48 hours prior to the operation? I say yes, for

my positiveness is based upon personally observing the cases operated by Dr. W. B. Van Lennep. And if we have an antiseptic conscience our results should be the same.

In regard to catharsis previous to the operation, Dr. G. W. Roberts has given us some valuable information, gleaned from some 50 odd abdominal cases. Dr. C. L. Reed, in his Text Book of Surgery, says it should be borne in mind that such hypercatharsis:

(*a*) Weakens the patient.

(*b*) Still further weakens peristalsis.

(*c*) Aggravates post-operative thirst.

(*d*) By draining the circulation stimulates all of the absorbent functions, and thus lays the foundation for systemic sepsis in the presence of unavoidable local infection.

How can we positively say what is the proper amount of catharsis necessary? One patient is more susceptible than another. The following are Dr. Roberts's impressions upon the merits of substituting enemata for catharsis, laxatives or aperients in the preparation for laparotomy:

1st. The torpidity which is to be overcome primarily involves the large intestine only, and if *it* is emptied the small intestines will, under restricted diet and increased water, take care of itself.

2d. We do not deplete the patient by withdrawal of a large quantity of fluid.

3d. We do not depress the patient's nervous system as a cathartic will often do, aside from the withdrawal of fluid.

4th. If enemata are followed by a reactionary constipation, it is certainly far less pronounced than that following even mild catharsis.

5th. When abdominal pus is walled in by very recent and delicate adhesions it is very probable that evacuation of the large intestines following enemata is less likely to cause rupture of the sac than is the violet peristalsis following brisk catharsis.

6th. Our experience with these 56 laparotomies tends to prove that enemata, if energetically administered, will accomplish practical evacuation both of fæces and gas and are not followed by a deleterious reactionary constipation.

7th. Our observations and experience previous to the present year suggest strongly that paresis of the intestines,

which causes the surgeon great anxiety and the patient great discomfort, and possibly more serious consequences, is often aggravated and possibly caused by the catharsis which precedes the operation.

Dr. Van Lennep has been following this plan lately and my observation to date of these cases leads me to say that the after results are most satisfactory. In regard to stimulation prior to anæsthesia, I believe it to be unnecessary except in cases of collapse and chloroform is to be administered.

The body should be well protected and kept warm; this will materially aid if symptoms of shock should supervene.

We have observed that just before and during the giving of the anæsthetic, if the patient remains alone with the anæsthetist and nurse, not even the attending physician in the room, he, disturbing the patient by taking and feeling of the pulse, a pulse which is unreliable, as it is the result of a nervous condition, the patient will take the anæsthetic with more comfort and in a shorter time, depending though upon the gentleness in the administration and the fact that you suggest, by words, the course the patient is passing through. With this method we will rarely observe a second stage or stage of excitement.

Another grave mistake is the fact that in the examination of the urine we pay too much attention to finding out if albumin or sugar is present. I do not believe the presence of albumin should guide us so much as the quantity of solids being excreted. I believe the quantity of urea should not be below 12 grammes in 24 hours. Anything above that is safe. And that chloroform is more apt to cause albuminuria than ether is; nevertheless, persons with renal diseases already existing are better subjects for chloroform than for ether. I intend to prove this assertion by observations to be made this winter.

With regard to the after treatment of cases, the best results can be obtained by allowing the patient to be handled as little as possible, and given perfect quietness. Vomiting from anæsthetics is much aggravated by moving the patient, especially if he is jolted and his head allowed to dangle about; hence, so far as practicable, a patient should occupy during an operation the bed or table upon which they are to lie until out of the anæsthetic.

I believe that patient should be allowed water as soon as nausea and vomiting is relieved; it allays gastric irritability, quenches thirst, and, if vomited, washes out the stomach; its early use has a good effect on the kidneys and intestines.

After all operations there is a certain degree of shock, its severity depending upon the site and length of the operation. In the ordinary cases perfect rest with heat will accomplish all we desire. We should not be in a hurry to stimulate; nature aids us more frequently than artificial means. If stimulants are indicated they are of more benefit when used heroically in regard to strength, but we should not repeat too frequently, as over-stimulation has injured the chances of recovery in many cases, and even proved their death.

Of all stimulants strychnine, atropia and adrenaline have been most effacacious. Not to forget the one when all others fail, intravenous infusion of saline solution. As for ether pneumonia I do not believe in its existence; when ether effects the lungs, it gives rise to a coarse bronchitis, most commonly in abdominal and breast cases, in which the pain of the wound and the bandaging make it difficult for the patient to cough up mucus. In such cases patients should not be kept flat on the back for a long time, but be propped up and be allowed to turn on to the side even within a few hours after operation. Another class of cases that should be propped and turned are the extremely fat; that to be feared in these cases is hypho-static congestion of the lung. We have seen such cases die after a perfect result in regard to the operation.

Look after the small things which give comfort and ease to your cases, relieve their irritable mind, and your operative results will be aided. During the summer I had occasion to remain with a patient of a hyper-sensitive nature, whose death I believe was entirely due to her refusing to remain quiet, twisting, turning and crying out constantly until she had over-exerted her already weakened heart. Upon post-mortem no other cause could be found.

DISCUSSION.

Dr. J. H. McClelland: I would like to say a word or two on this most interesting and important paper. It has been presented to us in very admirable form and as the

result of much practical experience. I have awaited, I might say, with great interest the reading of this paper, because one of the most disagreeable after-effects of surgical operations, one that impairs our chances of recovery, was about to be treated, touched upon. I am only sorry it was not enlarged upon more, that is, the nausea, the treatment of nausea. Of course, the prevention of nausea was referred to largely, but there are cases, notwithstanding all the precautions we take, where nausea will supervene.

Now, I would like to say a word in regard to the preparation of the patient. I, to some extent, modify the house orders in this institution, with regard to the preparation of the patient. I have already, in the last few years, modified the matter of catharsis. I do not permit the bowels to be disturbed, except by enema, on the day of the operation. If any cathartic is given it is given 48 hours before. Now, the reason that I insist upon this in abdominal cases is this: It has been my misfortune in certain cases to have come across intestines so thoroughly filled as to interfere largely with the operation and interfere further with the treatment and recovery of the cases subsequently. Therefore, I think that unless you are perfectly satisfied that the intestines have been emptied, it is still a matter of serious importance that we should attend to. I use mild cathartics, and, as I say, their administration always occurs 48 hours before the operation. Then, as a matter of nourishment, I order in any case that I suppose will require it a nutritive enema of pre-digested food. One hour before the operation the case receives, as a rule, two ounces of liquid peptonoids and six ounces of half normal saline solution. That sustains the patient and there is no necessity for nourishment for sometime afterwards. We have had most desirable results; the patient coming off the table with excellent pulse and not requiring nourishment for the balance of that day or possibly the next. I seldom give any nourishment by the mouth on that day or the next.

As for drink, I am still of the opinion that the less taken into the stomach subsequent to the operation the better, but any that is taken should be in the nature of a very weak saline solution.

We, in this house, still use the method of anæsthesia with

which the name of Dr. Northrop is associated. I have found it efficient; I have found that there has been considerably less nausea. I have found that the patient comes off the table with a flush on the face and red lips, and that, as a heart tonic, we do not know of anything superior to oxygen associated with chloroform.

In order to prevent this nausea, we have been in the habit, as introduced by our resident, Dr. Smith, of following the anæsthesia, at the close of the operation, with pure oxygen. That treatment, I think, has been favorable and has enabled us to get off with less nausea.

I hope that the subject here introduced will be followed up and that we may get as much information as we can upon that most important complication, the relief of post-operative distresses. I think we are in need of knowledge on that subject as much as any other that will come before this Society to-day.

Dr. H. L. Northrop: A paper on the subject of nausea after anæsthesia should be presented before every surgical bureau of every society. It is an all-important subject, and, as we will all honestly confess, we are far from perfect in the matter of anæsthetizing.

Dr. Hassler's paper offers one or two phases of the treatment of anæsthetic cases which appeal to each and every one of us, because they appeal so strongly to the patient, who is of primary consideration. Prepare the patient with as little disturbance of the vital powers and the nervous system as possible and restore that patient to consciousness with as little after disturbance as possible. Now, that is what we want to talk about. I can simply say that I am heartily in favor of the careful and conservative preparation of the patient, as far as limiting or curtailing vomiting or nausea are concerned. The use of hot water (I have never added salt to it, as suggested by Dr. McClelland, but that certainly is a good idea); the use of real hot water after an operation, with a view to limiting the amount of vomiting; the use also in that hot water of some drug is admirable. Perhaps we can all think of and name one or more remedies. I would speak of acetic acid. You know the antidotal properties of vinegar. Let us take our acetic acid and add hot water or give it straight. I have used *Æthusa* with positive

success. These are two remedies I will mention. Perhaps someone here will mention others.

Dr. J. H. McClelland: Put the patient on cuprum arsenicosum. That seems to cover the symptoms better than anything else—the arsenite of copper in the 6th dilution. That is given for the relief of the violent vomiting and burning and distress and acts better than any other remedy we have employed.

Dr. J. W. Hassler; The method mentioned by Dr. McClelland as having been introduced in this hospital by Dr. Smith was suggested by Dr. Deaver, of the German Hospital, Philadelphia, where, after every case of anæsthesia, he gave inhalations of oxygen to prevent vomiting. The most peculiar fact in our hospital is that we have very little severe vomiting.

We have five or six good anæsthetists there, and it is simply the fact that we use a good deal of mental suggestion to our patients before we begin to anæsthetize them to which our success is to be attributed.

In regard to chloroform and oxygen, I wish to say that possibly our hospital would endorse Dr. Northrop's method in the hands of a capable man; there it is all right; but where you have young men of the senior class who are to be taught to anæsthetize a case, to put into their hands the chloroform-and-oxygen mixture would be entirely too dangerous. We start them off with an easy thing, with a few practical cases, using ether. They can use chloroform and oxygen when they become more experienced and successful. I have found acetic acid very successful.

TUBERCULAR ADENITIS.

Herbert P. Leopold, A. B., M. D., Philadelphia.

It is not the purpose of this paper to recite any new theory or departure on this subject. To have given a brief *résumé* of the causes, diagnosis, and particularly of the treatment which has given us the best results, I will be content, if, by your discussion, something shall be learned in the way of shortening the course of this dreaded "tubercle."

These conditions are treated too lightly by the general

practitioner, or else not recognized in time to prevent a tedious and prolonged after treatment.

For a long time the word "tuberculosis" has suggested to the medical mind a tolerably well-defined idea. It is true that pathologists have variously applied this term, but to the clinician it has meant a disease in which the most prominent feature is the development, in various parts of the body, of microscopic nodular masses which have a tendency to multiply with more or less rapidity, and to take on a degenerative process, in which the tissues occupied are destroyed, and often the life of the patient imperiled or lost.

The term "scrofula" is more restricted in its application to-day than formerly; the history of this subject shows that its domain has been encroached upon for generations, until now it occupies but a small part of its once extensive territory. To illustrate this contraction, it is only necessary to mention that at one time it claimed as its own, cancer, hereditary syphilis, rickets, etc. The tendency to curtailment is still manifest, and the term is now far less common than it was twenty-five years ago. The most comprehensive definition is that given by Treves, when he declares it to be "a tendency in the individual to inflammation of a peculiar type"—in other words, a "diathesis."

As to the etiological factors, we find tubercular infections of the glands to be most prevalent in childhood, between three and ten years of age, but it is not uncommon to find this condition in adolescence, particularly in hospital practice. The colored race is the most prone to this infection, and particularly those who are forced to live continuously in the impure atmosphere of badly ventilated lodgings. In addition to the infection with the tubercle-bacillus, local causes are usually present, as adenoid growths, chronic pharyngitis, enlarged tonsils, chronic otitis media, conjunctivitis, and pathological conditions of the skin of the mouth. For the production of the disease, therefore, it appears to be necessary to have, first, favorable local conditions; and, secondly, exposure to infection. There is an old German axiom, "Jedermann hat am ende ein bischen tuberculose," a statement partly borne out by statistics showing the proportion of cases in persons dying of all diseases. As a rule, the sub-maxillary glands are the first to be involved; subsequently the post-cervical,

supra-clavicular and axillary may follow suit, and the disease may extend downward to the bronchial glands. Less frequently we find the disease manifest in the inguinal region. Both sides are usually affected, perhaps one to a greater degree than the other. The affected glands slowly enlarge from the size of a bean to, sometimes, that of a hen's egg. They are smooth, firm, and at first separate; later the several tumors coalesce, and form rounded but irregular masses. The overlying skin is freely movable, unless one or more glands suppurate, when it becomes adherent, and the abscess (unless operated) points and discharges, leaving a sinus, which heals slowly. When the glands are large and growing rapidly, or when suppuration is in progress, there is fever, anæmia, and loss of flesh.

The diagnosis should be based upon the presence of slowly enlarging glands in a child (probably tubercular), with the co-existence of nose and throat disease, or other pathological condition about the head. Aside from the symptoms and physical signs, with a coincident tuberculosis of other organs, the diagnosis depends upon the presence of the tubercle bacillus in the pus or scrapings from these lesions, or upon the results of inoculation of these substances into guinea pigs, but principally by the disposition to show caseation, softening and abscess formation. The contents of these abscesses contain small particles of *débris*, with an appearance not unlike cheese.

In no case, we think, does tuberculosis of the external lymph glands cause death, though the course is often protracted, extending, in some cases, for six or eight years. However, with proper treatment ultimate recovery may be confidently predicted in the great majority of cases.

The treatment must be varied according to the needs of each individual case. The one part—and often the most important—of a surgeon's duty to a patient is to combat the tendency of the general system to yield to the incursions of the bacillus. If this task be left undone or underdone, his efforts in other directions will probably prove unavailing. Local applications are of no value, and most of them are positively harmful (as the linseed poultice of our grandmothers, which fulfilled three conditions: heat, moisture and *filth*), are relics of the past, and should find no place in the

modern treatment of disease. It is important in every case to remove from the nose and throat all sources of local irritation, and any other pathological condition about the head should receive attention, if for no other reason than to prevent constant glandular irritation, which produces favorable conditions for the activity of the bacillus. Constitutional measures include sunlight, fresh air, good food, medicines as indicated, and pepto-mangan (Gude). The operative measures are indicated if, after a reasonable course of constitutional treatment, the glands continue to increase in size and number. If, however, suppuration should take place, they should be opened at once, to prevent the extensive undermining of the skin. For this, we have found the method of Hilton all that could be desired. It consists in making a small opening into the skin, and then burrowing into the cellular tissue with a pair of hæmostatic forceps (being blunt, they can do no harm); if the opening is to be enlarged, the blades may be opened, held rigid, and withdrawn. The cavity should then be washed out with an antiseptic solution (we have long since discontinued the use of peroxide of hydrogen) and packed. In some cases it is best to curette the capsule, and even cauterize it. But in all cases, rough handling and squeezing of the gland or surrounding tissue should be avoided. Experience has taught us that the best results, in operating, are obtained by avoiding violent tearing out of the glands, injuring as little as possible the tissues, being careful not to rupture the capsule and allow the tuberculous material to escape into the healthy tissue. Prolonged dissections are to be avoided, and in removing deeply-seated glands there is great danger of injuring the vessels and nerves or the dome of the pleura. The devious and unforeseen relations that sometimes exist invest their removal with a sense of responsibility that often begets a strong feeling of uncertainty as to the wisdom of the attempt, in many instances. Apparently simple cases often become, as the operation progresses, difficult and complex, sometimes even dangerous of execution. Even though a divided vein be ligated, embolism following detachment of a thrombus is a danger which must not be overlooked. The incisions for the removal of these glands vary in accordance with the situation and extent of the glandular involvement. The S-shaped incision of Hartley,

employed as a whole, or in part, as circumstances require, has proven very satisfactory at our hands. In all cases the incision should be free enough to allow of ample working room. Safety of execution should not be exchanged for cosmetic results. A good light, plenty of time and aseptic detail should be at the command of the operator. When possible, chloroform should be given, to avoid the congestion of the vessels. Some of the advantages of an operation over leaving the case to Nature are:

1. Frequently the glands are more easily removed before periadenitis develops.
2. It leaves a clean scar, instead of a large, irregular one.
3. It shortens the disease, and prevents the long and tedious suppuration.
4. It is a radical measure.
5. It avoids the danger of general infection by removing the tuberculous focus.

DISCUSSION.

Dr. W. B. Van Lennep: I feel that we ought all say a word with regard to our experience in these cases, and I may say that I have experienced a change of heart, in a certain sense, in the treatment of the same. Dr. Northrop, some of my older associates, and all the "boys," as I call them, will remember that ten or twelve years ago I excised all glandular enlargements in the neck. If you remember, also, from year to year we used to meet with these cases coming back, for we were always sure to have a clinic, if other material ran short, of these neck cases.

I now yield to conservatism in the surgical treatment of tubercular adenitis. What I say represents the line of treatment in our surgical department at Hahnemann. Let these glands go on, under medicinal and dietetic treatment, until they come to pointing, where they want to burst or point. Then, supplement a straight incision instead of Nature's ragged one and in that way make the minimum scar. I may say, given a case of tubercular adenitis in the neck, I should prefer the conservative, waiting treatment. Let incision be followed by curettement and cauterization with carbolic acid, in order to seal the lymph spaces.

Dr. J. H. McClelland: I do not think that I have had

any unusual experience. My experience, I think, corresponds very largely with that of the author of the paper and that of Dr. Van Lennep, that is, the conservative treatment has been a successful one. I cannot say that I have adopted it recently, that has been my way of treating these cases for many years. A good deal of benefit can be obtained in the treatment of these cases by medicines up to the time of suppuration, and even then great assistance may be received from the use of such remedies as we all know. We have two favorite remedies, I might say, for the treatment of the tubercular glands—one is the iodide of arsenic and the other the iodide of lime. I have reduced enormous glandular developments with these remedies after cases came to me for operation, time and time again. I have just said to the people, "Wait a bit and see what medicine will do." If that will do nothing and you require an operation, we will talk about it then. When they come to suppuration, of course, the sooner the free opening is made, sufficiently free to reach the parts, and the sooner they are cleared out thoroughly, washed out, the better. I was very glad of a side remark made by the author of the paper, that was as to the use of peroxide of hydrogen. I think it is a very dangerous substance to employ in any cellular tissue. I think that when they are thoroughly enclosed in a sac or partly closed, and the process of suppuration is going on, the use of peroxide is exceedingly hazardous and simply serves the purpose of driving the pus deeper into the cellular tissue. But I am very glad, indeed, to endorse the conservative suggestions that were here made to-day. I think they will prove the most effective in our hands.

Dr. W. B. Van Lennep: If I am not violating the rules of this Society, I would like to add my testimony to that already given by Dr. McClelland as to the efficiency of iodide of arsenic and the iodide of lime. They are remedies that I rely upon and those which help me out.

Dr. Welsh Thomas: Two years ago there came to me a friend of mine suffering with enlarged glands of the neck. I had used homœopathic remedies, and referred him to Dr. McClelland, who advised operation. He then went from McClelland to several other physicians here in the city and all advised operation. Well, last spring a young physician

gave him 2½ grains of thyroid extract four times a day (he is an Old School physician); he then increased the dose to 5 grains. There has been a very great deal of improvement since instituting that treatment, and I have watched the case with a great deal of interest. Homœopathic physicians on the South Side say the same thing. Since I did not hear anyone mention thyroid extract, I thought I might mention it. The glands were of a suppurating form, opening in the side of the neck. With silicea given in the 12th and later 30th and 200th the fistulous opening healed. Since that time there has been a small oozing and pointing, but the physician immediately opened it and let out the pus; there has been great improvement. There was pointing in the back which led the physician to believe he had a tubercular spine. At any rate, under thyroid extract he began to improve in every way. The glands have decreased and he feels very well. He is not on the thyroid now, but is taking a rest, and I suppose he will be put on it again after awhile.

Dr. A. P. Bowie: I think it is exceedingly gratifying to the general practitioner here to-day to have testimony from such eminent surgeons as Drs. Van Lennep and McClelland as to leaving these cases alone and not operating upon them, using internal treatment and resorting to surgical means in the later stage when suppuration occurs. That had always been my practice, and I think it is the wisest practice. These cases of glandular enlargement are nothing more than the expression of some internal complaint, and the removal of them by surgical operation does not cure the trouble, but it requires internal treatment, and I think they should be very carefully treated with internal remedies. Of course, there are numbers of remedies indicated, but it requires a study of the Materia Medica to get at them.

THE CARE OF INOPERABLE CARCINOMA.

D. P. Maddux, M. D., Chester.

To make even a list of the various "Cancer Cures" (?) or those procedures recommended as "good for cancer" would consume more time than is allotted to this entire section—such, however, is far from my design. It is my purpose

merely to indicate some measures, which, in my personal experience, have proven helpful to these most distressing cases, and not in any way to attempt to give a resume of measures recommended; believing that if this personnel is supplemented by the personal experience of others here present a greater benefit may be obtained.

Furthermore, it is not my purpose to take under consideration, or even to revert to, any of the various operative or remedial measures for the eradication or cure of Carcinoma; but rather to consider what we can do to render more comfortable the remaining days of these unfortunates in whom the condition is too far advanced for the successful application of radical measures.

I know of no class of cases who appeal more strenuously to us for assistance and sympathy, and none in which our capacity to give the wished-for aid is so limited and even impotent.

A search through surgical literature shows pages by the hundreds upon pathology, operative technique, curative pastes, injections, etc., etc., but not a line as to the surgical care of those non-operative and post-operative cases of cancer which certainly have the right of appeal for some surgical care; and if this "Fragmenta" seems notably disjointed it is because I merely present the few points gleaned from personal experience, and have not the benefit of making liberal and learned excerpts from the text-books.

It might be well for our surgical teachers to consider the statement of Dr. Wm. B. Cooly in the "Practitioner," where he states, "However ardent advocates we may be of surgical intervention to the exclusion of all other methods in the treatment of cancer, we are, nevertheless, confronted with the fact that at least 75 per cent. of all cases are, or at least sometimes become, beyond the reach of the surgeon's knife, and to give further aid to the medical student and the profession to the care of these cases when they have arrived at this lamentable state.

Conversely, Dr. Cooly's estimate should cause every general practitioner to consider to what a degree his own failure in early diagnosis, and his own acquiescence to the request of the patient for procrastination, and his own lack of insistency upon an early operation have contributed to making the "non-operable" so large a class.

We are apt, I fear, to regard a non-operative case of Carcinoma as a case beyond help, because it is a case beyond cure, and thus lose the mental stimulus of prospective success.

But what can we do? Or what should we attempt to do?

I. We can adopt a surgical dressing that may modify the distress.

II. We can exercise some control over the hæmorrhage.

III. We can lessen the offensiveness of the discharge.

IV. We can give the growth good surgical surroundings unfavorable to septic complications.

V. We can successfully relieve much of the distress for a longer period under the law of "Similia" than many of the faint-hearted are aware, and put further off the ever-increasing Morphia dose.

VI. We can, by palliative operative methods, the use of X-rays, electical cataphoresis, serum or other injections, prolong life, not at the expense of suffering. But of the last clause, as far as the writer's paper is concerned, it is as Kipling says, "Another Story."

The dressing of a case of cancer is, of course, dependent upon its location and stage of advancement; and upon the latter point we must consider the dressing of those cases that are non-operative by reason of the persistent refusal of the patient to submit to operative proceedings, as well as those in which the judgment of the surgeon contra-indicates operative measures.

Cancer of the breast is often rendered the most painful form, because it is upon such a pendant part, and the proper support without undue pressure, by any method that is best adapted to the case, will always contribute a quota of relief.

I have frequently accomplished this best by a well-fitting pocket, liberally padded with cotton and supported by bands about the neck, with an additional strap about the back, pinned to the outer edge of the supporting neck straps.

Before the skin has broken a considerable relief may be obtained by the various de-hydrating preparations of kaolin and glycerin. These will much relieve the symptoms resulting from tension and pressure. Even after the central portion has broken down a broad band spread about it will, by its water-sucking properties, relieve the blocked-up tissues.

Instead of prescribing the proprietary preparations of Antiphlogistin, Antithermolin, etc., it is my custom to give the following prescription which I find satisfactory, if, indeed, it is not the precise formula:

℞,	Kaolin,	1000.
	Glycerine,	1000 grms. by weight.
	Boracic. acid.,	100.
	Oil peppermint,	1.
	Wintergreen,	1.
	Eucalyptus,	1.

Finely-powdered Acetanilid I have found one of the most generally acceptable and palliative dressings in Carcinoma of the skin or mucous surfaces wherever it can be applied, and it can be applied liberally and continuously without causing any cardiac depression. Where cardiac weakness exists, and the cancerous surface is extensive, it may be well to combine Acetanilid with Boric acid, Zinc stearate, Talcum oxide, or some other less active ingredient.

If burning is a pronounced symptom, Menthol powder may be added to the Acetanilid and applied sprinkled over the surface.

I think my observation will be confirmed by all who have had many cases to treat, that there is benefit in the relatively frequent character of the dressings; it may be partly a psychic effect, but the fact remains that it is often wise to make a temporary change before the effects of any dressing has lost its apparent virtue.

In cancer of Cervix involving floor of vagina, it is my custom to frequently pack the upper vagina with some of the various antiseptic powders, using a different powder at each dressing, permitting the powder to remain from twenty-four (24) to forty-eight (48) hours; in this manner I have used Acetanilid pure or combined, as indicated, Boric Acid, Boracic Acid and Zinc Oxide, Tyree Antiseptic Powder, Glutol, Zinc Stearate and Pulverized Charcoal alone or mixed with any of the above-mentioned powders.

Iodoform alone or in combination I do not consider with much favor, as it seems to encourage an undue vascularity.

The greasy dressings have not in my experience been tolerated for so long a period as the powders; they may, however, prove excellent in alternation with the powders in

cancer involving skin tissues. I think they are most conveniently and efficiently applied by means of an oil atomizer. In this manner Ichthyol, Salicylic Acid or Carbolic Acid may be added to Castor or Olive Oil and sprayed upon a surface where itching is one of the most troublesome symptoms, or Menthol may be added to relieve the burning. Menthol grs. xii in Lanolin ℥i will often be of benefit.

Chloretine has not been in my experience of material benefit as a local anæsthetic. In some cases of intense burning the use of ice-bag or the Chloride of Ethel Spray is a warrantable temporary expedient.

The advantage of applying the oils by spraying is that patients can more readily make an application themselves, perchance through the night they can a number of times apply it without getting out of bed, thus gaining naps that otherwise would be spent in wakeful pain. It is my custom to explain to the patient the purpose for which the various preparations are intended, and I believe they find a comfort in the fact that some provision has been made for their relief, even though it be but transient in its character.

In uterine cancers the fact should not be overlooked that in the judgment of a number of operators oophorectomy or even abdominal section, at times, may cause a malignant tumor to become inactive or even decrease in size. In cervical cancers one may gain the consent of a patient to curettage where they could not to a hysterectony, and it is remarkable in some cases how often curettage may be repeated and what a degree of relief and improvement is afforded, even though it be not permanent.

The formation of an artificial anus, in cases of rectal cancer, is followed by such a degree of comfort to the patient that the procedure should not merely be suggested, but insisted upon, by the attending physician.

I prefer followinng curettage by searing with the red-hot iron. The actual cautery can also be used to reduce the external mass of rectal cancers, often with but slight discomfort to the patient. Indeed, when a cautery of any character is to be applied to cancer, I believe there is none so efficient as the red-hot iron.

I am confirmed in this opinion by the paper of Dr. Byrene before the American Medical Association in 1900, where he

reported "Cicatricial scars of the actual cautery almost immune from carcinomatous invasion and the roasting of the underlying tissue gives the largest immunity from extension."

At the St. Paul meeting of the American Medical Association much consideration was given to the treatment of skin cancers; and the use of arsenical pastes secured a higher consideration than the knife. The following prescription, presented by the author of the paper, Dr. M. L. Heidingsfield, was one that met with general favor.

Arsenious Acid, mixed with equal parts of pulverized Gum Arabic, to which sufficient water is added to make a paste of the consistency of butter, and enough Cocaine crystals to alleviate the anticipated painful reaction, adding ten per cent. of Glycerine before adding water, to prevent paste from becoming dry.

℞. Ac. arseniosi.
Pulverized gum acasiæ, ... āā 5.
Cocaine mur. cryst., ... 2.
Glycerine, ... 2.
Aqua, ... q, s.

M. Fl. paste.

Sig.—Apply locally, letting remain twelve to thirty-six hours.

In the local treatment of hæmorrhage I have run the gamut of all astringents and styptics and concluded that it was just as well to try the most powerful at first. Hence, I use the powdered Per-Sulphate of Iron. This I prefer to the Monsel's solution.

I apply the powder, or have the patient apply it, by dusting it on parts that are readily accessible, and in case of cervix or rectum apply it on a piece of gauze or cotton.

Recent experience with the use of Adrenaline Chloride (Adrenaline Chloride (Takamine) one part, normal sodium chloride solution with five per cent. Chloretine, 1,000 parts) as a local hæmostatic, has proven so satisfactory that I feel glad to join in its recommendation. Where the hæmorrhage is protracted and its results apparent upon the heart, the saccharated suprarenal glands in one to three grain doses per oram is prompt and efficient.

*Dr. W. H. Bates reports upon this drug: "The Suprarenal

* Journal American Medical Association, August 11th, 1900.

is unique, in that while one-tenth grain has produced the maximum physiologic effect, two ounces caused no further effect; it has been shown by physiologic experiments, that the excess of Suprarenal supplied for muscle tissue is stored for further use. It is important also to remember that no results will follow the administration of it unless it is indicated."

The principal caution in its use hyperdermically is that the solution be fresh and aseptic. Dr. Bates recommends the preparation of an aqueous solution by "taking one part of dried powdered Suprarenal to ten parts of a saturated solution of Boracic Acid, and held over a flame until it boils; then it should be filtered and the filtrate boiled in its permanent receptable."

I have found no better way of treating the slough of Cancer than by treating it with artificial digestants, and I know of no better one for this purpose than "Enzymol," mixed with equal quantity of water, and sprayed upon the parts; or applied upon gauze as a wet dressing or pack, it has proven of signal benefit.

As a dressing material where there is much discharge, I prefer gauze, and well-picked marine lint or oakum, to cotton. Cotton becomes too soggy and retains the offense longer.

As surgical washes I prefer the use of the solutions of Creolin, Permanganate of Potash, Bromine Water, Calendula, Carbolic Acid, Methylene Blue, or Formalin to the Bichloride of Mercury or Hydrogen Di-Oxide.

In cancers involving the tongue or lip, I think saturated Boric Acid, Listerine and Glyco-Thymoline solutions most applicable. These parts may also be touched up frequently with a solution of Methylene Blue, 12 grs. to the oz. of water.

I will not attempt to give a list of Homœopathic remedies. Their indications can be found set forth in more orderly and complete manner in our text books. I wish to stand on record, however, in the belief that at certain periods and for certain conditions they have pre-eminent value. I also wish to enter a most earnest protest against adhering to them too exclusively and tenaciously at the expense of human suffering. Of course the old rule holds good of treating the

patient with a cancer as well as treating the cancer, giving due attention to the condition of the digestion, urinary secretion, bowel action, and matters affecting the general health; but after all the attention that can be given has been rendered, there will come a time in almost all cancer cases where the suffering is so constant and severe that we are compelled to resort to extreme measures.

I think it should be our study to avoid the use of morphia just as long as we can keep our patient in a reasonable degree of comfort by any other measures, and when we do commence its use give sufficient to at least ensure a fair degree of sleep.

Among the other drugs we should try before morphia or perhaps use as alternates or intercurrents with it are the bromides, chloral, passiflora tincture and the coal-tar derivatives. Locally an opium suppository in cancer of cervix or rectum seems to have more effect with less constitutional disturbances than when administered by mouth. Cocaine and eucaine, in powder or solution, may be used for a longer period than generally supposed. Chloretone in my experience has been entirely unsatisfactory. Lead water and laudanum should not be overlooked as a cooling and sedative solution. There are a number of other methods that have received high endorsement, such as the Roentgen rays, liquid air, the serum therapy, and a number of special injections; but as the scope of this paper is merely personal experiences I will leave their consideration to those who have made a personal test of their merits.

If I have presented to you nothing of practical value, I feel that the serious lesson to be drawn from the consideration of these saddest of cases is the duty of all of us to be alive to the earliest possible recognition of cancer, and to the correction and removal of those pre-existing conditions encouraging Carcinomatous development, and most strongly does it emphasize the fact that doubtful cases should be judged early by the surgeon.

Cases that should receive a strictly palliative treatment are certainly inoperable, and cases that are operable should not be subjected to palliative treatment.

DISCUSSION.

Dr. L. T. Ashcraft: I wish to say that this has been one of the most interesting papers that it has ever been my pleasure to listen to. It is simply magnificent. Any man who can come before a Society, such as this is, and give valuable suggestions as Dr. Maddux has done, purely from the standpoint of personal experience, deserves a great deal of credit. I have had some little experience with the treatment of these conditions, but I do not believe that I heard the doctor speak about the value of carbolic acid or linseed oil or liquor potassa as a remedy for excessive itching. It is a well-known fact that carbolic acid is the opium of the skin, and I have had very beneficial results when combining it with equal parts of liquor postassa and about four of linseed oil. I know nothing that gives as much relief as this lotion.

I was glad to hear him mention the use of the cautery in the treatment of cancerous conditions. I believe that cancerous condition of the prostate, inoperable by any other methods, will yield to the cautery method. In the first case, of carcinoma of the rectum, I believe the good results were due to the use of the method which I have adopted.

Dr. Mary Cook: I want to speak of the use of passiflora. In a certain case it was decided that no operation was necessary, and that patient is now living and in comfort, able to be up and take her meals. She has been given the passiflora and she uses it and has suffered very little pain. In fact, she is so well that friends have asked constantly if the doctors knew what was the matter with her. The cancer has taken a peculiar form. The whole inside of the uterus seems to be sloughing out and the iodide of arsenic is the remedy that I have used constitutionally, except occasionally, when other things seemed indicated. Passiflora has worked beautifully in that case.

Dr. T. H. Carmichael: I have had some experience in the treatment of inoperable cases of cancer. I would like to give my testimony to the value of our homœopathic remedies in relieving the pains of cancer in various parts of the body. As a rule, we do not depend sufficiently upon them. We are inclined to think it an extreme matter and to resort

to other remedies. I had a case a short time ago come into my hands from an old-school physician, a case of recurrent carcinoma of the breast. One breast had been removed. The case was, of course, inoperable. The patient had simply been coming out from the city to Germantown every other day to receive hypodermic injections of morphia. Her life was made miserable. I found that by giving her various homœopathic remedies, as they were indicated, the predominant symptoms being pain in various parts of the body, I controlled her case until she died, without giving her more than two or three injections of morphia in three or four months, and the family expressed much gratitude to me in carrying her through in that manner.

I have just had a case of cancer where on two occasions only the twentieth of a grain of morphia was given. I have found that conium, dioscorea, chamomilla and others give the patient a great deal of rest and comfort. A great many of these symptoms are nervous and irritable, which can be controlled by homœopathic remedies better than by any others.

THE RATIONAL TREATMENT OF SEVERE BURNS.

WALTER STRONG, M. D., PHILADELPHIA.

The treatment of severe burns is a subject of general interest to both the surgeon and physician, and in view of the large number of these cases which are constantly occurring and the unsatisfactory results which are frequently met with it is surprising that this subject has received so little attention. During the past decade, in which we have witnessed so many radical changes in surgical practice, there has been almost no advance made in the treatment of burns; in fact, at the present day most medical men are content to employ those methods which were in vogue before the advent of modern aseptic surgery.

I will not occupy your valuable time with any lengthy resumé of the various methods which are advocated for the treatment of these cases, nor will I enter into a consideration of symptoms, degrees and prognosis, but instead briefly

call your attention to what I consider the only rational method of treating severe burns. At the start I desire to state that I am not going to advocate any novel or untried method of treatment, but a plan which is based upon sound surgical principles and one which has been thoroughly tested, it having been employed by me for over ten years with such satisfactory results that I have adopted it as the routine treatment in all severe cases in my service at the Women's Homœopathic Hospital and the Children's Homœopathic Hospital, institutions where severe burn cases are quite common.

As I have already intimated, the treatment of severe burns should be based upon modern surgical principles, which demands that we render the burned surface perfectly sterile and then adopt such measures as will promote prompt healing. In order to carry out such a line of treatment, my usual course is as follows: Upon the admission of case to hospital the patient is removed to operating room, where a general anæsthetic is administered; the burned surfaces are then thoroughly scrubbed with soap, water and brush, at same time cutting away all blisters and loose tissue; the surface is then lathered with soap and carefully shaved with razor, then again scrubbed, irrigated with weak bi-chloride solution and finally with a sterile salt solution. We now have a perfectly sterile surface and proceed to search for those points where the tissues are hard and baked, which are cut away until we reach sound and healthy tissue; the surfaces are then thoroughly dried and a dry sterile dressing is applied, which consists of a liberal amount of dry sterile gauze, together with a considerable amount of sterile cotton held in place by a few turns of bandage.

After such a dressing, when the patient recovers from the anæsthetic, he suffers practically no pain or discomfort until the dressings become adherent and stiffened from the serum which exudes from the tissues, and a re-dressing is seldom called for until the third day, and in many cases where the tissues have escaped being baked the original dressing may remain undisturbed for a week or more and then when removed the wound is found to be perfectly healed and dry. Where re-dressings are required, the dressings are removed under irrigation of sterile salt solution and the same kind of a dry sterile solution applied.

In those cases in which the initial shock is so pronounced as to exclude the possibility of immediate operation it becomes necessary to apply an oil dressing temporarily, but if there is hope for a favorable termination of the case it is never wise to delay very long. In treating the shock and attending constitutional symptoms, we have been much impressed with the value of rectal injections of saline solutions, in serious cases, using them as often as every hour, while in extreme cases transfusion of the same solution is resorted to, in fact, in some of the serious cases which have recovered we are inclined to think that the result was in a large measure due to the persistent use of this solution.

We have also tried the use of wet dressings, gauze wet with sterile salt solution, but are convinced that the cases progress more rapidly if dry dressings are employed.

In the use of the bi-chloride solution care should be observed lest absorption take place and toxic symptoms result, so that after the use of the bi-chloride solution (1-3000) the surfaces should be freely flushed with the sterile salt solution, thus removing any excess of the former which may be present. For the same reason dusting powders should be employed sparingly and only in the later stages; for this purpose we have a decided preference for aristol. Skin grafting under this plan of treatment may be resorted to very early, as the surface is ready for their reception almost from the start, while the absence of any chemical antiseptics insures a larger percentage of successful grafts than with other methods of treatment.

After an extended experience in the treatment of burns, and after having had personal experience with the various methods, I am convinced that the method just described is far superior to all others. Under this plan of treatment the percentage of recoveries are greater, the length of convalescence is shorter, and septic complications impossible. In the extreme cases which are frequently met with in hospital practice this method is the only one which offers the slightest chance of recovery, and with its use I have seen recovery occur in cases which would ordinarily be looked upon as hopeless. In conclusion I would recommend this method of treatment to you, knowing full well that if thoroughly carried out the results obtained will be highly satisfactory.

A PLEA FOR SURGICAL INTERVENTION IN GALLSTONE DISEASE.

William B. Van Lennep, A. M., M. D., Philadelphia.

Your chairman has requested clinical papers of especial interest to the general practitioner, and I therefore propose to present to you two of the phases of gallstone disease. While some physicians are even yet dilatory in summoning surgical aid in appendicitis, bowel obstructions, head injuries, etc., the fact that these conditions are surgical and require early intervention is generally recognized. My desire is to impress upon my colleagues the fact that cholelithiasis, still treated medically in most instances, as were the above-mentioned conditions in the past, calls for more frequent and prompt surgical measures.

Case I.—Male, 61 years; patient of Dr. T. L. Chase, to whom I am indebted for the previous history, as well as for the report of much of the after-treatment. He had always enjoyed good health, aside from habitual indigestion and constipation, and had been under observation for a little over two weeks with symptoms that led to the diagnosis of typhoid fever, such as, gradually rising temperature; headache, with pains in the back and limbs; progressive weakness, aggravated by the slightest exertion; loss of appetite; coated tongue; diarrhœa; enlargement of the spleen; abdominal distention and tenderness, and "typhoid" spots, together with a certain amount of mental dulness, associated occasionally with mild delirium. The maximum temperature, 103°, was reached on July 21st last, the associated pulse being 132°. On the 22d the patient was taken with a prolonged chill, followed by a temperature of nearly 107°, and a profuse colliquative sweat, with a thready, irregular, almost imperceptible pulse. These paroxysms of chill, fever and sweat recurred at irregular intervals with increasing frequency and varying intensity during the next twenty-four hours, or until the writer saw him. They were typically pyæmic; that is to say, they showed no regularity in their recurrence, three or four at least having occurred during the morning of the day of the operation. With this complication

there appeared pain and tenderness in the region of the gall-bladder, and on examination a smooth, fluctuating, readily movable tumor was found below the right rib-border.

The patient was etherized just as another chill had set in, and by means of a vertical incision a very much enlarged gall-bladder was delivered from the abdomen. On opening the same some eight ounces of a clear, limpid fluid were evacuated, and at the close of the flow *with barely an ounce of pus*. This, of course, explained the pyæmic focus, which is often so small as to raise a doubt as to whether the cause of the trouble has been reached. After emptying the hydrops and pus, 112 gall-stones, varying in size from a horse-chestnut to a pea, were removed from the gall-bladder and cystic duct, a large calculus occluding the latter. The sub-hepatic space was walled-off with a protective pack of iodoform gauze, and a large catheter was tied into the gall-bladder to carry off the bile. Infusion was necessary at the close of the operation, when his pulse went to pieces during the sweat, the temperature, in spite of the shock, going over 105°.

There was no recurrence of the chill, fever and sweat seizures; peristalsis was re-established at once, and continued in fact as a diarrhœa, such as preceded the operation; bile at once appeared through the tube, and continued to discharge in decreasing quantity until healing was complete. The temperature run was an interesting one. Following the fall after operation and infusion there was a daily rise to 101° or over, characteristically subsiding, until at the end of three weeks it became normal. This was not affected by the gradual removal of the gauze, nor by the washing out of the gall-bladder of ducts, and there was no wound infection to account for it. With the fever was associated a low, muttering delirium, such as preceded the pyæmic complication; and this, with the diarrhœa, the temperature, and the other detailed symptoms, seems to justify the conclusion that the patient ran a mild, somewhat atypical typhoid, such a course as is not infrequently met with in those who have passed middle life. The mental condition caused considerable anxiety, the first inference being that it was dependent upon a uræmia, for examination of the urine before operation showed a low specific gravity, albumin and some hyaline casts; but the two latter disappeared, and the quantity of

urine, at first small, as after all serious operations, quickly returned to normal. The only other possibility was that peculiar mental condition met with in the old, and which I am frank to confess I cannot explain, namely, increasing stupor and even delirium without recognizable lesion, which gradually ends in a death the cause of which we are wont to ascribe to asthenia.

It is a well-known fact that in cholecystic empyemas the typhoid bacillus is frequently present, and that such a condition is not an uncommon *sequela* of enteric fever; but the occurrence of this complication *during* the course of a typhoid, provided the diagnosis is correct, is a unique one in my experience, and at the same time it is one of the possibilities for which the practitioner must be on his guard.

From the standpoint of the operator in an obscure abdominal case, the fact of finding what appeared to be only a cholecystic hydrops in such a desperate condition was certainly a disappointment; but the final small amount of "offending" pus was interesting to those who are familiar with pyæmia. I well remember one of the most classical cases of this disease I have ever met with. A parturient, colored woman, with a small, hot, tender, red nodule in the upper, outer quadrant of the right breast, who was suffering from irregular seizures of chill, fever and sweat, the temperature reaching 106° and over, recurring irregularly and with increasing frequency, the focus being an abscess whose capacity was hardly as large as a walnut. Incision and evacuation were followed by a recovery impressive as well as instructive to my college class.

Case II.—Male, 44 years; seen with Dr. S. C. Webster, of Westerly, R. I. The patient presented a very characteristic history of severe gallstone disease, extending over several years. He had passed from time to time a number of calculi, some so large as to almost preclude the possibility of their having traversed the biliary ducts. This naturally raised the question of the presence of a fistulous communication between the gall-bladder or even between the common duct and the small intestine, the former being a not uncommon condition. A fistula with the large intestine could be excluded, for free bile had never been noticed in the stools. As will be seen later, the operation left the possibility of a common duct

and small intestine communication in doubt. The patient had received all manner of approved medical treatment, and had been under the care of eminent physicians in New York, Boston and Providence. He furthermore gave the history of at least one severe and protracted attack of peritonitis, presumably localized and fibrinous in character, as the symptoms had subsided and no abscesses had developed. None of the previous medical attendants had advised operation.

The writer was consulted on account of a persistent, classical picture of impacted calculus in the common duct, namely, deep and universal jaundice, dark urine, clay-colored stools, recurring paroxysms of pain with constant pain radiating toward the umbilicus. The Mayo-Robson point, *i. e.*, midway between the ninth costal cartilage and the umbilicus, was exquisitely tender, and careful palpation revealed no enlargement of the gall-bladder. The value of the latter observation has been questioned by some, but, in my experience, calculus obstruction of the common duct has been characterized by jaundice and no palpable enlargement of the gall-bladder; while outside obstruction, malignant or cicatricial, or even stricture, has presented an appreciable enlargement of the gall-bladder along with the jaundice. The explanation of this phenomenon in a previous cholecystitis, with consequent cicatricial "non-distensibility," is presumably familiar to every one. Aside from these symptoms, which, on previous occasions, had persisted for considerable periods of time, the urgent condition was the recurring chill, fever and sweat, which had become so severe as to threaten the patient's life from asthenia. This, too, is not infrequently a misleading complexus, which I have more than once seen treated as malaria, and which will bear careful differentiation from the pyæmia of the former case.

The operation showed in a most instructive manner the necessity for a much earlier intervention. On opening the abdomen by means of a vertical incision, supplemented by one parallel with the rib-border to get more room, a most inextricable mass of dense, ancient adhesions was met with, which matted all the neighboring abdominal organs to an almost unrecognizable degree. On palpation, it was possible to feel what seemed to be a large gallstone, lodged

presumably at the terminal end of the common duct; but to get at it was out of the question, on account of the adhesions. With great difficulty a thickened, closely-contracted, miniature gall-bladder was literally dug out from the under surface of the liver. During these manipulations there was no undue bleeding, as might have been feared in such an intense cholæmia. Cholecystenterostomy was naturally decided upon, but, unfortunately, neither the duodenum, the jejunum, nor even the ileum were accessible, so that the anastomosis was made by means of the Murphy button with the transverse colon, which could be readily drawn up against the deeply-retracted gall-bladder. The wound was packed with iodoform gauze.

The after-course was an interesting one. The patient reacted well from the ether; and as he had been in the habit of taking morphia, we ran the risk of continuing the same. By the end of twenty-four hours peristalsis was established, and free bile was found in the stools. The urine, however, which, aside from the bile it contained, was apparently normal, decreased in quantity, until at the end of the third day he was passing but five or six ounces. On the fourth day his pulse went all to pieces, and the patient was apparently dying in collapse. The usual heart stimulants and a pint of saline infusion having no effect, between two and three quarts were given through the median basilic vein by Dr. Hassler; this induced prompt reaction, with a rise of temperature, improved pulse, free sweating, and increased urine up to sixty-nine ounces; the quantity came down during the next few days to normal. Following this reaction he developed a mental irritability with a moderate amount of delirium, which also gradually passed off. On the day following the infusion, by the advice of Dr. Bartlett, suprarenal extract was given three times daily in five-grain doses, because the pulse, while fuller, seemed to lack tone. The apparent result was very gratifying. On the eighth day, much to our surprise, he passed a large biliary calculus, after which we found not only free bile in the stools, presumably coming through the anastomosis, but also a change in the color of the fæces to normal. On the nineteenth day the Murphy button was passed, this being preceded by considerable griping pain. The remainder of the convalescence was uneventful, and the

patient went home at the end of six weeks with a strong, firm cicatrix, and completely healed, with the exception of a small superficial sinus. The restoration to health appears to be complete.

I will only burden you with the records of these two cases, to a certain extent unique, it is true, and to a certain extent also extreme. Yet they show the ill-effects of procrastination in the latter, and the importance of intelligent vigilance in recognizing a rare but dangerous complication in the former. There are, of course, subsiding gradations from either case, and a summary of operative indications, with a brief mention of the pathological possibilities, may not be out of place.

Every one is familiar with the fact that many subjects go to the post-mortem table with extensive cholelithiasis without having presented known symptoms that would indicate the presence of gallstones. Such calculi are usually found in the gall-bladder, where they may multiply to almost any extent; but occasionally a quiescent stone may be met with in the ducts, as, for example, Richter's case, in which a common-duct stone weighed three and a half ounces; these calculi, however, if they produce no symptoms, must not interfere seriously with the flow of bile. Probably from 5 to 10 per cent. would represent the frequency of gallstones in all autopsies; furthermore, females suffer from the disease in the proportion of five to one as compared with males, thus just about reversing the ratio of appendicitis in the two sexes.

In view, then, of the above frequency and the common latency of gallstones, what conditions may they induce that will call for operative interference?

1. Stagnation and catarrh appear to be strong predisposing factors in their causation, and this suggests not only the preventive treatment—medicinal, hygienic and dietetic—but the surgical procedure necessary to avoid recurrence. Drainage, often prolonged, of the bladder and ducts is a most desirable post-operative measure, and it is often well to associate this with a washing out of the latter. Duct catarrh, with its thick or inspissated mucus, not infrequently closely simulates gallstone colic, so that a failure to find stones does not necessarily mean a mistake in diagnosis, and the

operation is curative. Stagnation, with catarrh and distention, may also be induced by malposition, the latter being dependent upon vicious pressure, such as tight corsets, etc. This, too, can be corrected by incision and drainage.

2. Given the continuous formation of calculi—the gallstone habit, if you please—and their repeated expulsion, with the consequent recurring attacks of hepatic colic, operation is indicated both as a preventive and curative measure, *i. e.*, incision, evacuation of calculi and drainage for the causative catarrh.

3 Gall-bladder enlargements in general call invariably for surgical interference.

Thus (*a*) the gall-bladder may become distended by calculi alone into a palpable tumor, and such an accumulation is a constant menace which may at any moment induce the different cholecystic and pericystic lesions about to be enumerated.

(*b*) The extrusion of a calculus into the cystic duct may completely block the same with a consequent hydrops. Both of these are distinct operative indications, although also largely preventive.

(*c*) Such a pyriform, fluctuating tumor may be an empyema, either primary or developing upon a hydrops or a calculus accumulation, and this always calls for surgical intervention. Hydrops, calculus enlargement, or even empyema do not necessarily present a tender or painful tumor, although pain and tenderness below the rib-border are strongly suggestive symptoms.

(*d*) In consequence of pressure perhaps, but infection surely, such a distended gall-bladder may suddenly become locally or diffusely gangrenous, a condition which demands prompt surgical interference. These are cases which often simulate acute appendicitis, especially when the tumor is large enough to approach the caput coli. The abdominal symptoms are often closely similar.

In connection with pressure necrosis, it is well to remember that calculi of large size, sufficient to produce the not infrequent variety of bowel obstruction due to gallstones, may work their way by pressure necrosis, adhesion to the neighboring intestine and ulceration into the latter without subjective symptoms of any kind, the first intimation of their

escape being the obstruction or their presence together with free bile in the stools. This observation, as well as the frequent latency of gallstones, seems to substantiate the microbic origin of all pericystic lesions, beyond, perhaps, the above-mentioned adhesion of adjacent peritoneal surfaces. Typhoid bacilli can almost always be found in the gall-bladder after an attack of enteric fever, and the bacillus coli communis is a frequent inhabitant of the same. This is also true of the staphylococci, and streptococci, and even intestinal parasites have fonnd their way up this side-track.

4. The extra-cystic lesions of course belong to the realm of surgery. Thus we may have a peritoneal sepsis, especially with a gangrenous cholecystitis. Fortunately the diffusion of such a process is delayed by the isolation of the well-known sub-hepatic space, so that the infections give more time for limitation, just as do those from the appendix when that organ points upward and outward into the lateral abdominal gutter, in marked contrast with the rapidly diffusing infections when it points inward, or inward and upward, or even, to a less degree, it is true, toward the more slowly poisoned pelvis. Again, and this is more frequently the case, the peritonitis is limited, and an encysted pus accumulation results. This may be sub-hepatic, usually following the remnants of the umbilical vein and pointing at the umbilicus, showing itself anteriorly or in the loin, and occasionally as a subphrenic abscess. The treatment in any of the above conditions is self-evident. Lastly, there is the mildest type of peritoneal inflammation, the fibrinous, producing all manner and amount of adhesions. Such a condition may prove a sufficient source of pain and disability to demand surgical interference in the absence of gall-stones, gall-bladder or duct-lesions. These adhesions not infrequently involve the stomach and pylorus, and may even simulate disease of this viscus. I have met with one such case in which a suspicion of malignant disease led to exploration, the freeing of pyloric adhesions being followed by a complete restoration to health. Of diagnostic value in such cases is the observation that the paroxysms of hepatic colic begin on the left side, over the stomach, and thence spread to their usual location.

5. The common-duct stone is the one most frequently met with, either completely obstructing the bile-flow, or as the

"ball-valve" calculus, which does so intermittingly. If such a stone occlude the duct before any mural lesions have developed in the gall-bladder, this organ will become distended with bile and mucus, but rupture does not take place, as the bile-stream is weak and is dammed back into the liver and the circulation. Usually, however, the gall-bladder is non-distensible; hence the observation that the organ is not palpable in common-duct stone. The other symptoms are jaundice and pain, either intermittent or continuous, the latter radiating toward the umbilicus, with tenderness at the so-called Mayo-Robson point, and the already mentioned paroxysms of chill, fever and sweat, which are said to be due to infective cholangitis. The latter statement I am inclined to doubt somewhat, in view of personal clinical observation. Infective cholangitis must sooner or later mean suppurative cholangitis, and the latter is usually followed by multiple hepatic abscesses. I have operated a number of cases in which these seizures had extended over considerable periods, in which there were no clinical evidences of infection, and certainly none of suppuration, which were not complicated by hepatic abscess, and which quickly recovered after cleaning out and drainage.

Far more rare are the cases of calculus obstruction of the hepatic duct, and I have met with but one, where eleven calculi were found and removed. In such patients there is the intermittent or continuous jaundice, and perhaps the chill, fever and sweat, with a non-palpable gall-bladder, of course.

The pain, however, and the tenderness are higher up, and deep-seated as contrasted with the common-duct symptoms. It seems almost superfluous to add that all duct calculi not promptly expelled call for preventive, if not for curative, intervention, the only question for individual judgment being that of the persistence of symptoms, and here I believe we should lean in the direction of early intervention. In the presence of a suppurative cholangitis, with its consequent hepatic abscesses, or of the chill, fever and sweat seizures associated with jaundice, whether they be deemed infective in origin or not, drainage is, in the former instance, the first step, and in the latter, the curative one.

6. There is a class of cases which present, as leading symptoms, chronic jaundice, recognized as obstructive in character

and associated with enlargement of the gall-bladder, which excludes previous mural changes in this organ. Pain may be present, but is not striking or severe, and tenderness is usually absent. Such a picture presents malignant obstruction of the common duct, although I have found it due to adhesions, traumatic or even calculous in origin; in the latter instance the gall-bladder was contracted, although no stone was present, it having been expelled. In such cases the establishment of a biliary fistula, or a cholecystenterostomy, or even a cholecystocolostomy, naturally comes up. In cicatricial obstruction such procedures are thoroughly feasible; and, even if an intestinal communication cannot be established, the administration of ox-gall will prevent any interference with the general health from the loss of bile, the inconvenience of the leak being the only drawback. In malignant disease, however, my experience has been unsatisfactory, the indication being to divert the bile, or to establish a biliary fistula; but I have not found either plan satisfactory. Such patients do not stand the simplest operation wall; the vent or side-track frequently does not relieve the jaundice; and as in every incomplete operation for malignant disease, the progress of the same seems at times to be hastened by an unsuccessful intervention. If, then, exploration shows inoperable cancer, we should frankly confess that at most the cholæmia may be lessened and life perhaps prolonged.

7. There are a certain number of cases in which we meet with fistulous openings, post-operative, traumatic or spontaneous, mucous, muco-purulent or biliary, in the region of the gall-bladder, its ducts, and the liver. Such cases are naturally purely surgical. In some, cholecystectomy is the cure; in others of a similar character the leak is best left alone; in others, again, intestinal anastomosis will carry away the discharge; and in still others, choledochotomy, or even choledocho-enterostomy, may be called for. These are purely questions of surgical judgment and technique, and therefore require no further discussion here.

8. The same is true of stab, gunshot and contused wounds or rupture of the gall-bladder and its ducts, which naturally always demand prompt and intelligent surgical measures.

In conclusion, permit me to impress upon my medical

colleagues, if my report and deductions are deserving of such "impression," that many cases of gall-bladder and gall-duct disease hitherto "tinkered" with medically should be more promptly, and, I might add, more intelligently, treated surgically. I flatter myself that, in a Society which has watched my work and listened to my papers for the past seventeen years, the conservatism I have conscientiously tried to preach and practice will be appreciated, and that I will not be accused of attempting to universalize the knife, but rather to indicate where surgery can best be the handmaid of medicine.

DISCUSSION.

Dr. H. L. Northrop: I would like to say that the day is at hand when the surgeon believes that he must interfere in gall-bladder disease and cholelithiasis just as promptly as he must in appendicitis, and the sooner the profession and laity are impressed with this fact the better—the better for the surgeon and his results, and the better for the general practitioner and the patient. It is necessary, in order to get good, prompt cure here in cholelithiasis just as in appendicitis, to operate early. Therefore, the surgeon is crying today: "Operate before complications set in." If you have a patient who has passed through a severe attack of appendicitis, your best advice is to operate before another attack comes. Talk to your gall-bladder patients in the same tone.

Dr. Van Lennep has spoken of the rarity of gall-stones in the hepatic duct. My last case of cholecystotomy and cholelithotrity was one in which I found a very large stone in the hepatic duct, as close to the transverse fissure of the liver as it could get. I think it was about an inch in length and cylindrical and distended the hepatic duct considerably. I worked it down into the common duct. There was but one stone in the gall-bladder.

Dr. J. H. McClelland: I have not inflicted a paper on the Society, but I wish the privilege of making a few remarks. The papers of Dr. Van Lennep are thorough—they are classic. Now here is one that will be, I think, of inestimable value to every practitioner, whether he be a physician or a surgeon, and I think the point which was brought out by this mass of good material is, that cases should not be

allowed to drift away to an "obstructive" condition when they can receive prompt relief surgically. I recall a case that happened in this house a year or so ago; a gentleman, one of our bank officers, was in the habit of being taken very suddenly with cramps, vomiting, and so on. I saw him in one or two of them, and he referred his suffering to the stomach and chest and was simply wild with pain; he could hardly be relieved by chloroform. However, I came to the conclusion—although there was no swelling or jaundice,—that there were gall-stones present, obstruction and pain from them, and on operating I found over three hundred calculi in the gall-bladder. Now, of course, he had been treated medically for several years without any relief, and it was only an accidental diagnosis that led me to make the operation. But, of course, his relief has been permanent, and it taught me a lesson.

REPORT OF THE SECTION OF SANITARY SCIENCE.

The Mosquito, by S. G. Godshall, M. D.
Medical Examination of the Public School Children, by J. D. Boileau, M. D.
Requisites of Health-Giving Climates, by B. W. James, M. D.
Dietetic Uses of Water, by W. C. Powell, M. D.

THE MOSQUITO.

S. G. Godshall, M. D., Edge Hill.

Recent investigations connecting the mosquito with the transmission of Malaria and Yellow Fever have increased the importance of this little nuisance so much that we can no longer afford to treat him as a subject for jest; we must give him his proper place in the causation of disease and fight him scientifically.

The experiments of Drs. Sambon and Low, of London, in residing in a mosquito-proof cabin, on the Roman Campagna, exposed freely to the atmosphere during the whole of the so-called Malaria season, and remaining unaffected; with their check experiment of taking an infected mosquito to England, and there allowing it to bite a man, in no other way exposed to infection, who developed a well-marked double tertian fever and whose blood on microscopical examination showed the Malarial organism, seems to offer but the one explanation, viz., that this disease is transmitted only by the mosquito's ageney.

Numerous other experiments along the same line show that the carrying of Malaria by the Anopheles (the variety of mosquito that transmits Malaria) is not merely the transfer

from one individual to another, as the ordinary contagious disease is carried, or has been suggested, that flies carry typhoid fever, but the mosquito forms a necessary link in the parasite's life round, and it takes eight to ten days for this stage of the plasmodium malariæ to mature and the mosquito to be in a condition to inoculate any one whom she bites.

If the Anopheles has not bitten some Malaria infected individual, it is in no way more dangerous in its bite than is our common Culex.

So also it is about proven that that dreadful scourge of tropical America—Yellow Fever—can only be spread by the mosquito's aid, the Stegomyia fasciata, and this insect, a different variety from our common Culex or the Malaria carrying Anopheles, is distributed over our Southern States and probably may be found as far north as New York or Boston. It only needs to become infected by biting a fever stricken patient to start an epidemic such as has so frequently raged in our southern cities, or like the one that history tells us devastated Philadelphia in the early part of last century.

In 1881, Dr. Charles Finlay, of Havana, suggested that mosquitos were responsible for the transfer of Yellow Fever. He got little, if any, encouragement from the Spanish Government, then ruling Cuba, and his experiments were not conclusive enough to claim the attention they deserved. But in 1900 the Yellow Fever Commission of the United States Army, composed of Drs. W. C. Reed, James Carroll, Jesse W. Lazear and A. Agramonte, began its investigations, in the course of which Drs. Carroll and Lazear contracted the disease, Dr. Carroll recovering and Dr. Lazear dying.

After this a camp near Quemados, Cuba, was started to thoroughly investigate the disease and was called Camp Lazear, in honor of the brave man who had given his life for the work.

There was built a thoroughly mosquito proof cottage and occupied by seven non-immunes; the furniture, bed-clothing and clothing they used were all soiled with Yellow Fever fomites. The blankets, sheets, pillow cases and night clothes had all been used by yellow fever patients, and had not since been washed or otherwise cleaned. These men lived here

over two months, keeping the temperature above 80° and maintaining a high humidity.

And not one case of Yellow Fever developed.

They also built another similar building, which they called the "infected mosquito building." Here more precautions were taken for thorough ventilation. It was divided into two rooms by a small mesh wire partition extending from ceiling to floor. All articles admitted to this building were carefully disinfected by steam before being placed in the building. In one room of this building some mosquitos, which had previously bitten Yellow Fever patients, were placed. In the other room no mosquitos were admitted. Non-immunes were placed in each room.

In the room with the mosquitos *six out seven people admitted came down with Yellow Fever.* In the other room (the occupants only separated from these fever stricken people by a mosquito net) *no one developed the disease.*

As is the case with the Malarial mosquito, so the Yellow Fever mosquito does not merely carry the disease, but forms a necessary home for the perfect development of the Yellow Fever germ, the affected person cannot infect another person without the mosquito's aid; nor can the mosquito infect another mosquito without the aid of a warm-blooded animal doing its share of the germ's evolution.

After such conclusive evidence the prophylaxis of these two diseases must be entirely rearranged, and our respect for the mosquito materially increased, for further investigations may show that other varieties are hosts for other diseases.

The Life Round of the Mosquito.

The mosquito is aquatic in the first era of its existence.

The female lays her eggs on a little bubble of air which floats on the water. They hatch in a day or less, becoming the jerky little wrigglers we see in undisturbed water during the summer months.

These wrigglers are air breathers and have to come to the surface every few minutes to breathe. While in this stage of their career they live from ten days to several weeks, the time depending on the temperature, hot summer days with warm nights hastening, while cool days and cooler or cold nights very much delaying their maturing.

Maturity comes by the skin splitting and the full-grown mosquito slipping out ready to fly. They rarely fly any distance, two thousand yards being an extreme limit with but rare exceptions.

Their normal food is vegetable, but the female will leave all else for a taste of blood. The male has never been accused of having sanguinary tastes.

The female probably lives for months biting and rebiting all to whom she can safely present her bill.

This is the life round of each variety with but slight variations as to time, though none can breed *without the quiet pool of water.*

This knowledge suggests the remedy: Abolish the breeding places or make them unfit for breeding. Grade and fill all unsightly pools that ought not be allowed to exist even were they not breeding places. Where pools or small lakes desired for ornamentation, stock them with carnivorous fish, probably the best being the common Sun fish or Pumpkin seed, though the Minnow is excellent.

All other breeding places that can neither be abolished nor stocked with fish, should be covered with a low grade kerosene every two weeks from March until October. The kerosene forms a film over the surface of the water and prevents the wrigglers breathing, and being air breathers, under such circumstances they promptly die.

Experience has shown that the fuel grade of Kerosene is probably the best, the higher grades being too volatile and the crude petroleum will not distribute itself satisfactorily. This Kerosening should be done faithfully and should include *all* unprotected water receptacles, rain barrels particularly. People who must have rain barrels should have a spigot near the bottom and then the Kerosene will not affect the quality of the water.

Covering their breeding places with Kerosene also kills numbers of adults; the gravid female in attempting to lay her eggs on the water becomes overcome with the fumes of the oil and succumbs.

Remember that a small quantity of quiet water can breed thousands of mosquitos.

Dr. L. O. Howard, to whose work on "Mosquitos" I am deeply indebted for my knowledge of the subject, enumerates

many queer places in which they have been found to breed, such as broken bottles placed on top of a stone wall as protection against intrusion, flower vases in which the water is not changed each time the flowers are renewed, old tin cans on dumps or vacant lots, rain filled hollows in trees, sewers in which the water does not flow off freely, cisterns not tightly covered, water tanks and old wells or cess-pools to which they can gain admittance.

Although no American variety has been found to breed in salt water, yet many will thrive in brackish pools and places have been rid of the pests by connecting brackish ponds to the sea with ditches and allowing salt water free entrance.

The knowledge we have acquired in our study of this insect should give us new data with which to combat these two diseases, Malaria and Yellow Fever. Quarantine to be effectual should be on new lines. Have the patient in absolutely mosquito-proof rooms and be as rigid in protection from Malaria as of Yellow Fever.

Have the surroundings of all infected people rid of mosquito-breeding places.

Remember when you are bothered with mosquitos there is no use scolding at your mile-away neighbor for neglecting to fill his swamp, you probably have your own special incubating plant in your back yard or somewhere quite handy, and it only needs an ounce of Kerosene to fifteen square feet of surface every fortnight to be absolutely free.

If you have been fighting them for some time, and are only partially successful, start another search; you will probably find some out of the way place has been overlooked.

To rid a house of adult mosquitos the best method has been found to be to burn pyrethrum powder in the proportion of one pound to the thousand cubic feet of area, keep room closed for three hours, then sweep up the mosquitos and burn them to make sure that none return to life.

MEDICAL EXAMINATION OF THE PUBLIC SCHOOL CHILDREN.

John D. Boileau, M. D., Philadelphia.

The necessity for some means to prevent the spread of

contagious diseases among the children of our public schools has long been recognized by the school authorities and others interested in educational matters, as well as by medical men and health boards. The result has been that in Philadelphia and a few other cities a system of medical inspection has been instituted.

A volunteer corps was selected from those recommended by committees appointed by the county medical societies of the two schools, and the work was begun in January, 1900, under the following instructions from the Board of Public Education:

The following instructions are given to guide you in the discharge of this service:

It is expected that you will visit the school daily between the hours of 9:30 and 10 A. M.

You will report to the Principal of the School, who will inform you of any pupils needing your examination.

Such pupils will be brought to you by the Principal; and whenever you find, by your diagnosis, that a pupil is in need of medical treatment for any complaint *other than one appearing to be infectious or contagious in character*, you will fill up, for such pupil, one of the "ordinary" diagnosis cards, with which you will be supplied, and will give it to the Principal.

Whenever your examination leads you to believe that the pupil *has, or is threatened with, any disease that is infectious or contagious in character*, you will inform the Principal that such pupil must be *immediately* sent to his or her home; and you will *at once* mail a "special" diagnosis card of the case to the Secretary of the Board of Public Education, Room 295, City Hall, so that the Bureau of Health may be promptly notified.

You will understand that your professional services, in all cases, terminate with your examinations at the School, unless they should be further given at the request of the parents of pupils.

It will be noticed from the instructions that only such pupils are examined as are presented by the Principal. This has its disadvantages that are obvious to all, yet no better method has been proposed. An examination of each pupil daily or even occasionally would consume too much time,

and interfere with the workings of the school. When the medical examinations were first begun opposition was met both from the principals and the parents, due alone to prejudice and misunderstanding on their parts. The principals regarded it as unnecessary, and requiring too much time and trouble, and as trespassing on their hitherto undisputed authority. In many instances they throw all the obstacles possible in the way to prevent the successful carrying out of the plan. The prejudice on the part of the parents was as great; they feared infection from the examination and that their children would be subjected to rough handling and forced medical treatment; so that many children, acting under advice from home, objected to present themselves before the medical examiner. The examination was favorably regarded by some for all children, their own excepted, and the diagnosis card stating that their children had ringworm or pediculosis was not favorably received.

After 8½ school months the wisdom of the medical inspection of the public school children was established, as the following report of the Philadelphia Board of Education will show:

Medical Inspections.

In the last Report mention was made of the fact that systematic daily medical inspeetions had been instituted, and that the indications were that the movement would be a most valuable one. In this we have not been disappointed. In a report made to the Board by the visiting physicians, it is shown that from January 1 to October 31, 1900, the following cases of disease were detected:

CONTAGIOUS DISEASES.

Typhoid Fever (indirectly)	3	Impetigo (contagious skin disease)	116
Diphtheria	12	Scalp Diseases (often contagious)	7
Scarlet Fever	4	Favus (contagious disease of scalp)	1
Measles	152	Conjunctivitis (often epidemic)	396
Chicken-Pox	73	Consumption	2
Mumps	118	Ivy Poisoning	13
Whooping Cough	20	Scabies (Itch)	8
Sore Throat (usually contagious)	1,520		
Syphilis	4		
Influenza	31		
Lice	212	Total contagious cases	3,446
Ring Worm	753		

NON-CONTAGIOUS DISEASES.

Fever	45	Headache	78
Eczema (some forms contagious)	291	Nervousness	10
Irritable Bladder	12	Stomach Troubles	166
Uncleanliness	7	Rheumatism	24
Tobacco Heart	1	Anæmia	49
Enlarged Glands	44	Malaria	16
Ulcer	26	Sprain	5
Ear Diseases (many discharges)	64	Burns	2
Deafness	17	Defective Speech	4
Croup (possibly contagious)	5	Nose Bleed	6
Wounds	6	St. Vitus' Dance	8
Wounds Infected	38	Baldness	2
Boils	26	Nystagmus	1
Ulcers of Eye	7	Jaundice	1
Cataract	1	Eye Strain	1,001
Appendicitis	2	Heart Disease	21
Goitre	2	Adenoids	28
Skin Diseases (many contagious)	169	Bronchitis	212
Mentally deficient	8	Abscess	12
Tumor	1	Erythema	4
Diarrhœa	2	Epilepsy	6
		Total non-contagious cases	2,430

TOTAL—Contagious	3,447
Non-contagious	2,430
	5,876

The inspectors add that in their opinion epidemics have been averted by the early detection and exclusion of cases of disease, and that a large number of pupils have been saved from illness by preventing the attendance at school of the sick, the uncleanly and the vermin-ridden.

No stronger argument for the continuance of the system could be made than these figures present. The Board has placed the entire subject in the care of its Committe on Hygiene, and a thorough systemization of the matter is now in progress. Year by year the results should be more and more valuable.

The question of salaries for the visiting physicians is one which has been much mooted during the year, and the Board requested an appropriation for the purpose of paying such salaries, but it was stricken out of the appropriation bill by Councils. The subject is a many-sided one, and no doubt will receive the close attention of the Committee on Hygiene,

and any report from that Committee with reference to that or any phase of medical inspection will doubtless receive the very thoughtful consideration of the Board.

This report is extremely gratifying to the examiners and should be to the medical profession, and health boards as well. After one and a-half years we are convinced that the spread of contagious diseases has been greatly reduced, and many children have been relieved by having attention directed to some illness or defect of vision or other organ. In examining a school recently I found 22 per cent. of the children showed no evidence of a successful vaccination, although many of them had presented a certificate from a physician stating that they had been vaccinated. This was in a large school of about 700 children and during a time that small, pox is quite prevalent. As prejudice is overcome and parents and principals recognize the value of the measure and cooperate with the examining physician, the work will become more effective, and still better results will follow and lead to medical inspection of public school children becoming general thoughout the State.

REQUISITES OF HEALTH-GIVING CLIMATES.

Bushrod W. James, M. D., LL. D., Philadelphia.

The factors which make a climate either health-giving or prejudicial to life are many, and they vary according to the diseased condition to be remedied. The temperament of the individual afflicted with disease, the character of the disease itself, and the amount of inroad upon the vital organs that the disease has already established, the variability of the temperature, the humidity or dryness of the atmosphere, and the calmness or frequent sudden disturbances in the way of high winds, the sudden elevation or depression of the barometer, the amount of cloudiness or bright sunshine, the presence or absence of ozone or oxygen in the air to be respired, and the humidity or particles of dust floating therein, all enter into the estimate of their benefit or injury to an invalid, or even to the healthy resident.

Next to these atmospheric surroundings, the dryness or dampness of the soil becomes of importance, for no one could

expect to be free from pulmonary, rheumatic or catarrhal diseases in a moist or suddenly changeable climate where much cloudiness or precipitation is very abundant, or where the soil is wet and chilly, and yet a moderately moist, mild climate with a calm atmosphere is comfortable and beneficial to many cases of pulmonary disease. Cold and dry climates have a tonicity of which the one we have just been considering is devoid, and such a one is to be selected for cases of incipient phthisis and subjects whose tendency is that of pulmonary hemorrhage. These climates can be found in the Rocky Mountains, the Sierra Nevada, the Allegheny, and the Blue Ridge, of the United States, the high Alpine valleys and even the lower valleys of Switzerland, Italy and those along the Mediterannean border known as the Riviera. In former years before the larger cities of the West were fully populated Minnesota was the ideal climate for cases with hæmoptysis, the altitude being about 1,200 feet above sea level. Then came the rush to Colorado for similar diseased conditions and symptoms, and in a few years the population so increased as to enable it to become an important State in the United States Union, mainly due to the fact that a large number of the cases that were sent there for a permanent residence by the medical fraternity of our country remained, the climate being recommended as a curative for tubercular disease. Then came, a few years later, the recommendation by the medical fraternity of Southern California and its magnificent winter climate, building up San Diego, Santa Barbara, Los Angeles, Monterey, San Francisco and many other places. It was found suitable not only for pulmonary diseases, but for neurasthenic and rheumatic patients, and in cases of brain fag and nervous exhaustion. The altitudes recommended in Colorado were still greater than those of Minnesota, ranging from 6,000 to 7,000 feet above the sea level, while the California climates were about at sea level but with a generally dry climate quite equable both in summer and winter along or near the coasts or the rolling lands and broad valleys of the Pacific slope being so even in the mean temperature and salubrity that visitors or residents at Coronado Beach and localities along the coast quite near thereto can enjoy the pleasure of bathing all the year round.

The next region to come into climatic notice, especially for winter resorts, was Florida, and so popular has it become, and so easy of access to the populous Northern and Western cities, from the quick railroad facilities and constant opportunity for the invalid to leave an unhealthy, rugged home-climate and be in a locality within twenty-four hours where he can be out of doors almost the entire day, and reap the benefit of a greater amount of sunlight and fresh air, that it has obtained a wide and fashionable reputation.

More recently the middle coast cities of the Atlantic Ocean and more inland resorts, although very cool in the winter season, are now visited by many pulmonary cases and a large number of neurasthenic and nervous exhaustion invalids, and especially by people of the North traveling South in the early winter and coming North from the warm sultry Florida climate in the spring. Fashion, therefore, plays an important part in the selection of locality, and the invalid prescribes his own climate for himself and his family because it suits him better either financially or for his own pleasure to go to a winter resort of fashion and repute, because they are going principally on a tour pleasure upon the excuse of impaired health. However, they escape the keen, chilly blasts of January, February and March in the Middle and Northern States. This class of cases has no right to blame the medical profession if they are made worse by their winter trip for health and do not reap any benefit at all from their expensive winter campaign to a warm and frequently damp and exhausting climate.

Next, under observation, comes the asthmatic, who needs a high altitude for his comfort; and the cardiac diseases which require the lowest altitude to give them any relief or benefit for their respective distressing symptoms. Districts which are below the sea level are found very beneficial for such cases, such as are found in the Salt Valley east of the Sierras in the southwest. A climate that may be curative or palliative to one may be injurious to another. Here again is shown the importance of climatic advice by some one familiar with the subject and with the class of cases which climate relieves or cures. Most of such invalids are obliged to make the curative climate their permanent residence.

From the fact that climatic conditions produce disease

through the variability of temperature, moisture and electrical alterations and conditions, barometric pressure, of varying temperature from the winter's cold blasts to the summer's intense heat, it is important for one afflicted with any disease not originated through the influences just named to weigh very carefully the climatic locality where he intends to reside for his recovery. In making his selection he must avoid the sudden changes and the high winds which abound in the northern temperate zone in the spring and autumn when the climate is changing from the severity of winter with its abundance of moisture to the dry, scorching sun of the summer months, so that it almost becomes a problem to the individual who has once established a pulmonary tubercular disease in his system as to whether he will not be a tourist during the remainder of his life in order to escape the prostrating influences of heat as well as the dangerous climatic variations of a changeable and extremely cold northern winter. Many of such cases in order to obtain the very best results must necessarily be kept upon the "go" with regard to touring from one health resort to another, from the lowest beneficial climate of Southern Florida to the extreme northeast point of Maine, in this endless round of search for the best palliative or curative health-giving climate.

People with an abundance of wealth can well maintain the search for new health resorts suitable for their own condition. This system of constantly seeking health-giving climates and experimenting with new residence localities cannot be said to be the most comfortable or judicious way of enjoying life. The modern easy access to foreign countries enabling our citizens to seek foreign lands and experiment with climates which have international reputations, and have been written up and lauded by members of the medical profession in this and other countries, is, to my mind, unadvisable. In the first place, the trip across the Atlantic, since the fast-going steamers make the transit so quickly, renders no greater benefit than would be derived from a residence upon a cape, an island or at the sea shore, while the disadvantage of over-feeding and drinking upon these palatial steamers upon the voyage across is, as a rule, prejudicial to the average tourist in the saloon passage. Could

an extended trip be made upon the ocean in a slow sailing craft, say, from three to six weeks, then, with the benefit to be obtained from the pure sea air, the voyage, in the milder parts of the year, would certainly prove of very essential benefit, provided the passenger was not closed in a state room by ocean storms thus being deprived of the pure atmosphere of the surface of the sea which is so beneficial to many pulmonary cases, esspecially in the early stage of the diseased action.

From a careful study of the subject of American and foreign climates I am enabled to verify personally the fact that this country affords equally as good curative climates as any other land for all the diseases which are thus benefited or alleviated. This statement I have made a number of times in papers that I have written, not from simple guess work, but because I have been in all the climates of this country and many of those in other lands.

The general practitioner should not undertake to send his case without due deliberation and consideration of the trouble and expense, and the probable sanitary surroundings to which his patient may be subjected, through his advice for him to go to any special locality, unless he is well assured that the patient is taking no risk in the aggravation of his case, and especially if he is to be put to a great deal of inconvenience in leaving home and the expense of traveling which such an invalid is obliged to incur.

Invalids seek comfort during the winter months in the non-freezing regions, in which the best and most ideal lowland section, for a large class of pulmonary cases, is that of Middle and Western Texas far away from the lowlands where malaria is abundantly generated. This climate has no very great reputation among the populations of the large cities of the East because of the distance at which it is located and the absence of rapid express trains to carry passengers quickly and without great expense to their destination, and probably from another cause, that of want of newspaper and medical journal notoriety. The low climates along the northern border of the Gulf of Mexico, lying considerably back from the shore, are beneficial and away from the canebrakes and bayous, where bilious and malarial diseases are sure to abound. Health localities can be found in

Middle and Northern Alabama and Western Florida away from damp areas of territory but you will not find them very greatly lauded by writers on climates.

Then comes farther north the very salubrious climate found along the eastern base of the Blue Ridge and in the Piedmont country, extending up through Georgia as far north as Asheville, N. C., and still farther northward it is of special benefit to the more hardy cases of those in the incipient stage of pulmonary encroachment. Then comes the pine region through North and South Carolina, which has a balmy, soothing effect upon the traveler and pulmonary cases while they reside in such localities as Aiken or Savannah and many other towns, where ample boarding and comfort in living can be found.

Another class of very beneficial climates in alleviation of many diseases that need tonicity, including the neurasthenics or people who have overtaxed their mental powers, are the Atlantic coast line towns where are found one source of great benefit for the cases which we are considering. These established coast health resorts exist all the way up along the eastern border of Florida and other States in such situations as Port Royal, Fortress Monroe, Cape May, Atlantic City and some other places a little away from the coast. I may say that through New Jersey, from Lakewood to the south and southwest, is found a very extensive pine growth. During the summer, when ease of travel is very great and many rapid trains are put upon all the main lines of the railroads, the field of good summer residence and special health resorts can be found in very great abundance all over the northern section of our country and Canada, from the Atlantic to the Pacific Ocean, while many pleasant voyages can be made which are health-giving in themselves and instructive to those who can make the trip upon the strange western boats, such, for instance, as the trip from Buffalo to Duluth over the Great Lakes, from Tacoma and Seattle to Alaska, and from Victoria or Port Townsend out the Straits of San Juan de Fuca to San Francisco, and even as far south as San Diego.

After the hot season of summer is over an enjoyable trip can be made down the Mississippi and back again, giving a most delightful tone and not attended with the dangers of oceanic voyaging.

From these observations you will draw the conclusion that climate is like a medicinal remedy which has been selected with great care and judicious observation of all the symptoms of the patient and the corresponding health-giving qualities of the healthful situation and the salubrious condition of the reqired climate that will redound to the greatest benefit of the invalid.

DIETETIC USES OF WATER.

Wm. C. Powell, M. D., Bryn Mawr.

Water is entitled to rank as a food because it enters into the structural composition of all the tissues of the body; in fact, it constitutes two-thirds of the entire body weight. If withdrawn from the diet, even for a short time, its importance is readily appreciated; for striking physical and physiological alterations in the functions of the body occur. It is a great solvent, and its importance to the human system cannot be overrated. Neglect to take enough water into the system is one of the most universal dietetic failings.

Some reasons for the free use of water are, that it enters into the chemical composition of the tissues and forms the chief ingredient of all fluids of the body; it at the same time maintains their proper degree of dilution, and furnishes to the blood and lymph a fluid medium by which food is conveyed to all parts of the system, thus promoting rapid tissue changes and the elimination of effete materials. Then again it acts as a distributer of body heat and regulates the body temperature by the physical process of absorption and evaporation. True, many diseases are due to the presence of living germs in water, but it is a simple and easy suggestion to kill all such germs by heat, remembering that when sterilized water is procured it is extremely well fitted for the growth of germs, and if exposed to infection pathogenic organisms will develop readily, consequently great care must be exercised to protect it from contamination. Water bottled at springs in various parts of the country is erroneously supposed to contain marvelous healing properties, but most of them are devoid of virtue not found in reasonably pure water.

Unlike wine, water does not improve with age, and if bottled it should go to the consumer with directness from the spring. So-called Lithia water and tablets have little special advantage over pure water, notwithstanding the numerous testimonials. It is true, however, that the mental effect of the prescription is advantageous, and many will be faithful in the use of water presented in this form, while with plain water it would be forgotten or neglected. In prescribing this valuable remedy it is wise to specify the amount to be used each day; it should be taken in moderate doses, frequently repeated and on an empty stomach, as too much fluid with meals impairs digestion. Drinking freely every day tends to not only improve digestion but facilitates the functions of all organs.

The internal use of water in the treatment of diseases is more important than its external use. Taken in copious draughts it washes the stomach as well as by lavage; it cleans the tongue and regulates the bowels as no other remedy can possibly do. In catarrhal conditions of the stomach sipping hot water, not tepid, half an hour before meals, promotes activity of circulation and cleaning of mucus surface with efficiency and promptness in a condition where our remedies will act; only water will cure most cases or place their entire absence of food for a period of 12 to 24 hours, in children with gastric and intestinal disturbances. If there is distaste for plain water the addition of a little salt or lemon would be advantageous. During fever or severe hemorrhage the system demands it, and with what benefit we all can testify. In acute cystitis it should be taken freely but in small quantities. In all kidney troubles it is a valuable agent, in fact, its free use is called for under all conditions.

DISCUSSION.

Dr. J. W. Martin: The Doctor's paper very truly states that during fevers and other sicknesses the system demands water, and yet we come across cases every now and then with fever and high temperature and are absolutely thirstless. They do not want it. This symptom exists as indication for the administration of a certain remedy, but I do not know whether we always select the right one. We know all about its presence under gelsemium, apis and pulsatilla.

I want to speak of an idea that I read with great interest in a work entitled, "Andersonville," by Mr. MacElroy. He said that very early in his manhood—he was a thinking sort of a man—it became a fixed idea in his mind that drinking water was a habit, and that it was of no use to anybody; that he would break himself of the habit and habituate himself to not drinking anything except at his meals. It so occurred that, during the War of the Rebellion, a great many others at a certain place called Cumberland Gap were overpowered and taken prisoners. He was during a period of two years in the Rebel prisons and he believed his ability to keep alive was due to the fact that he broke himself of the water-drinking habit. He had seen hundreds of thousands thirst for water, drink and die, but he did not drink it; he did not have the thirst and did not have the habit. That was Mr. MacElroy's experience.

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